(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT												2320 OI	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc		Det:			`	,						Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK EN	DIN	G								AND LOCAT					PROJEC	T OR CONTR	RACT NO.	
142.1		06/17/2018									Herbert F Washingt		iilding Moder	nization- I	Phase 4		G14.16	64/GS11P	06MKC0030	ı
(1)	(2)	(3)	70		(4	4) DA`	Y ANE	D DAT	Έ	İ	(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	NO. OF WITHHOLDING EXEMPTIONS		5	MON	TUE	- 1								DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	A HOH	WORK CLASSIFICATION	ST, OT	11	12	13	14	15	16	17	TOTAL	RATE	GROSS AMOUNT		WITH-				TOTAL	PAID FOR WEEK
OF EMPLOYEE	S Z Z			H	OUR	s wo	RKED	EAC	H DA	Y	HOURS	OF PAY	EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
(b) (6)		Tile Setter	D	\perp	0	0	0	0	0	0	0.00	0.00 0.00	923.00					1) 0.00		
	4		0	1 1	0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	79.80	70.00	91.07	18.66	3) 102.96	000 40	924.51
(b) (6)			S	6.00	6.00	0	6.00	8.00	0	0	26.00	35.50 0.00	1287.00							DD1291
(b) (6) Other Deduction Detail: Other: 102.96	4	Laborer: Common/General	D 0 8	0	0 0 2.00	0 8.00	0 0 2.00	0 0	0 0	0	0.00 0.00 14.00	0.00 0.00 0.00 0.00 26.00 0.00		79.80	70.00	91.07	18.66	1) 0.00 2) 0.00 3) 102.96	262.40	924.51 DD1291
(b) (6)	6	Terrazzo Finisher	D 0 8	0	0 0 8.00	0 0 8.00	0 0 8.00	\vdash	0 0	0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 32.00 0.00		127.97	136.00	128.20	29.93	1) 0.00 2) 0.00 3) 165.12	F07.00	1476.78 DD1344
Other Deduction Detail: Other: 165.12																				
(b) (6) (b) (6)	3	Marble: Stone Mason	D 0 8	0	0 0	0 0	0 0 6.00		0 0	0	0.00 4.00 8.00	0.00 0.00 50.37 15.13 33.58 15.13		109.43	143.00	118.61	25.59	1) 0.00 2) 0.00 3) 82.41	470.04	1318.39 DD1365
Other Deduction Detail: Other: 82.41																				

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

142.1 D6/17/2018 Herbert Hoover Building Modernization- Phase 4 G14.164/GS11P06MKC0030 (1) (2) (3) (4) DAY AND DATE (5) (6) (7) (8) * Other Deductions - 1) Local Tax 1 (9) (2) (3) (4) DAY AND DATE (5) (6) (7) (8) * Other Deductions - 2) Local Tax 2 (1) Local Tax 2 (1) Color	NAME OF CONTRACTOR OR SUBCONT													n Road						
142.11	Atlantic Refinishing & Restoration, Inc		Det:									Waldorf	, MD 20601							
142. 143.	PAYROLL NO.		FOR WEEK EN	IDIN	G									nization I	Dhasa 4		PROJEC	T OR CONTE	RACT NO.	
NAME_ADDRESS_AND NAME_ADDRES	142.1		06/17/2018										ilialing Model	mzauon- i	Filase 4		G14.16	64/GS11P)6MKC0030)
NAME ADDRESS AND Identification Number Common/General D	(1)			TC		((4) DAY A	ND D	DATE		(5)	(6)	(7)			* Other	Deductions			(9)
Common/General D 0 0 0 0 0 0 0 0 0		DING		5										DE	DUCTIONS			,		
Common/General D 0 0 0 0 0 0 0 0 0		OF THO EMP1	WORK CLASSIFICATION	ST, C	11	12	13 14	4 1	15 16	17	TOTAL	RATE			WITH-				TOTAL	
Common/General D 0 0 0 0 0 0 0 0 0	OF EMPLOYEE	8 2 2		_		IOUF	RS WORK	ED E	ACH D	AY		OF PAY		FICA		SWH	Medicare		DEDUCTIONS	Check No.
3	(b) (6)					0	0	0	<u> </u>	1 -			1 / 1					1 '		
Other Deduction Detail: Other: 82.41 D 0 0 0 0 0 0 0 0 0		3				0		_	<u> </u>	0		0.00 0.00	/	109.43	143.00	118.61	25.59	1 '	470 04	
D O O O O O O O O O	(b) (6)			s	8.00	0	0 3.0	0 3.	.00	0	14.00	27.00 0.00	1797.43							DD1365
4 Common/General	(b) (6) Other Deduction Detail: Other: 32.41	0		0	0	0	0	0	0 (0	0.00	0.00 0.00		64.58	135.00	54.82	15.11	2) 0.00)	
4 Common/General	(b) (6)	ı	ll aborer:	ما	اه ا	0	ا ا	ا ،	م اه	اه اد	l 0.00	1 000 000	1 208 00 A		I	I	I	1) 0.00)	I
(b) (6) Laborer: Common/General D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) (6)	4		0	0	0	0	0	0 0	0	0.00	0.00 0.00		113.24	136.00	115.31	26.48	2) 0.00	100.05	
5 Common/General O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Other Deduction Detail: Other: 91.32			_																
S 8.00 0 0 0 0 0 8.00 30.00 0.00 1788.00 DD1378	(b) (6)					0		_	_	+			1 / 1		,,,,			1 ')	
	(Institute)	3			1 1			_					/	110.85	122.00	107.52	25.93	3) 89.40	455.70	
	Other Deduction Detail: Other: 99.40				8.00	0	"	١	ا ا	′	8.00	30.00 0.00	1/00.00							אונוטט

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	AME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Ltlantic Refinishing & Restoration, Inc.										<i>A</i>	ADDRESS		d Washingtoi , MD 20601	n Road							
PAYROLL NO. 142.1			OR WEEK END 6/17/2018	DING	3									ION ilding Moder	nization- F	Phase 4		PROJECT			ACT NO. 6MKC0030	
(1)	(2) SNOIL	(3	3) ORK	티		TUE	WED	AND E	RI S	SATS	SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) L	ocal Tax ocal Tax other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIF	IFICATION	ST,	11 F			14 1 RKED E			17	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	0	THER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	1	Laborer: Common/Ge	eneral	D O	0	0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	44.64	43.00	49.29	10.44	1) 2) 3)	0.00 0.00 0.00	147.37	572.63
(b) (6)				S	8.00	8.00	8.00	8.00 8	.00	0	0	40.00	18.00 0.00	720.00							<u> </u>	DD1410
(b) (6)	1	Laborer: Common/Ge		D 0 S	0 0 8.00	0 0 8.00	0 0 8.00	0 0 8.00 8	0 0	0 0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 22.00 0.00	1 / 1	52.55	73.00	36.00	12.29	1) 2) 3)	0.00 0.00 94.01	267.85	612.15 DD1415
Other Deduction Detail: Other: 94.01																						

Date June 21st, 2018	(b) WUIEDE	EDINIOE DENIETIES ADE DAII	DINCASH
I, (b) (6) Payroll Supervisor	` ,	FRINGE BENEFITS ARE PAIL	
(Name of Signatory Party) (Title)	✓		isted in the above referenced payroll has been paid, as amount not less than the sum of the applicable basic
do hereby state:		hourly wage rate plus the ar	mount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by		contract, except as noted in	n Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(c) EXCEPT	IONS	
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)			
11th day of <u>June</u> , <u>2018</u> , and ending the <u>17th</u> day of <u>June</u> , <u>2018</u> all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said			
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:			
FICA, FWH, Medicare, State Tax, Other			
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS1 #142.1-Entered		on #DC140002 Mod 3 04/11/14,Revised Payroll
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.			
(4) That:			
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:		SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)	Payroll Supervisor	Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.		TO CIVIL OR CRIMINAL PROSECUTION	BOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR ON. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRA												d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:			•	·					Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK EN	IDIN	3							AND LOCAT			Dh 4		PROJEC	T OR CONTR	RACT NO.	
141.0		06/10/2018								Herbert F Washingt		ilding Moder	nization- i	Phase 4		G14.16	64/GS11P0	06MKC0030)
(1)	(2)	(3)	Ы		((4) DAY AN	ND DA	TE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	NO. OF WITHHOLDING EXEMPTIONS			MON	TUE	WED TH	U FRI	SAT	SUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	.HP INP∃	WORK CLASSIFICATION	ST, O	4	5	6 7	8	9	10	TOTAL	RATE	GROSS AMOUNT		WITH-				TOTAL	PAID FOR WEEK
OF EMPLOYEE				H	OUR	S WORKE	D EAG	CH DA	·Υ	HOURS	OF PAY	EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
(b) (6)		Tile Setter	D	0	0	0 (0 0	0	0	0.00	0.00 0.00	1349.00					1) 0.00		
	4		0		0	0 (0 0	0	0	0.00	0.00 0.00	/	86.86	82.00	99.41	20.32	3) 112.08		1000.33
(b) (6)			S	8.00	8.00	8.00 8.00	6.00	0	0	38.00	35.50 0.00	1401.00							DD1126
(b) (6] Other Deduction Detail: Other: 112.08	4	Laborer: Common/General	D O S	1 1	0	0 (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	0		0.00 0.00 0.00 0.00 26.00 0.00		86.86	82.00	99.41	20.32	1) 0.00 2) 0.00 3) 112.08	400.07	1000.33 DD1126
(b) (6)	6	Terrazzo Finisher	D 0 8	0	0 0 10.00		0 0 0		0	0.00	0.00 0.00 48.00 0.00 32.00 0.00		134.91	149.00	136.08	31.55	1) 0.00 2) 0.00 3) 174.08	605.60	1550.38 DD1181
Other Deduction Detail: Other: 174.08											,								
(b) (6) Other Deduction Detail: Other: 82.41	3	Laborer: Common/General	D 0 8	\vdash	0 8.00	0 (-	0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 27.00 0.00	1 / 1	64.95	57.00	61.57	15.19	1) 0.00 2) 0.00 3) 82.41	004.40	798.88 DD1202

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Refinishing & Restoration, Inc.	ntic Refinishing & Restoration, Inc.													n Road							
PAYROLL NO. 141.0		FOR WEEK EN 06/10/2018	DIN	G									rion uilding Moder	nization- I	Phase 4		PROJECT G14.16			ACT NO. 6MKC0030	1
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (2)	(3) WORK	lь		TUE	WED		FRI	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Lo	ocal Tax ocal Tax other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,		5 IOUR	6 S WO	7 RKED	8 EAC	H DAY	10 Y	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	01	THER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	0	Terrazzo Finisher	D 0 S	0	0 8.00	0 8.00	0 0 8.00	0	0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.79 0.00		79.22	112.00	93.45	18.52	1) 2) 3)	0.00 0.00 63.89	367.08	910.68 DD1236
Other Deduction Detail: Other: 63.89 (b) (6)		Laborer: Common/General	D 0 s	0	0 0 8.00	0 0 8.00	0 0 8.00	0 0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00		44.64	43.00	49.29	10.44	1) 2) 3)	0.00 0.00 0.00	147.37	572.63 DD1246
(b) (6) (b) (6) Other Deduction Detail: Other: 94.01		Laborer: Common/General	D 0 8	0	0 0 8.00	0 0 8.00	0 0 8.00	0	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 22.00 0.00		52.55	73.00	36.00	12.29	1) 2) 3)	0.00 0.00 94.01	267.85	612.15 DD1251

Date June 15th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Title)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization- Phase 4 (Building or Work); that during the payroll period commencing on the	
4th day of June , 2018 , and ending the 10th day of June , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #141
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT												d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc		Det:									Waldorf	, MD 20601							
PAYROLL NO. 140.0		FOR WEEK EN 06/03/2018		G								TION Iilding Moder	nization- F	Phase 4			T OR CONTR	ACT NO. 06MKC0030	l
(1)	(2) SNOIL	(3)	OT or DT		TUE	(4) DAY A	HU	FRI SA		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,	\vdash	29 IOUF	30 3				TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	4	Tile Setter	D 0 S	0	0 4.00	0 8.00 8.0	0 0 00 4	0	0 0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 35.50 0.00	1 / 1	78.62	68.00	89.68	18.38	1) 0.00 2) 0.00 3) 101.44	050.40	911.88 993683
Other Deduction Detail: Other: 101.44 (b) (6)	4	Laborer: Common/General	D 0 8	0	0 0 4.00	0 0	0 0 0 4	0	0 0 0 0 0 0	0.00	0.00 0.00 0.00 0.00 26.00 0.00		78.62	68.00	89.68	18.38	1) 0.00 2) 0.00 3) 101.44	050.40	911.88 993683
Other Deduction Detail: Other: 101.44												,							
(b) (6)	6	Terrazzo Finisher	D 0 S	0	0	0	0 0	0	0 0	0.00	0.00 0.00 0.00 0.00 32.00 0.00		79.36	50.00	73.02	18.56	1) 0.00 2) 0.00 3) 102.40	202.24	956.66 993738
Other Deduction Detail: Other: 102.40		1									'	,					'		'
(b) (6)	3	Tile Setter	0	0	0	0 0	0 0		0 0	-	0.00 0.00	1 / 1	69.17	65.00	66.98	16.18	1) 0.00 2) 0.00 3) 82.41	1	848.26
Other Deduction Detail: Other: 82.41			S	0	4.00	4.00	0	0	0 0	8.00	35.50 0.00	1148.00							993758

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Det:										ADDRESS		d Washingto	n Road							
${\bf Atlantic} \ {\bf Refinishing} \ {\bf \&} \ {\bf Restoration, Inc.}$		Det:									Waldorf	, MD 20601								
PAYROLL NO.		FOR WEEK EN	DIN	G							AND LOCAT		-:	Dhana 4		PROJEC	T OR	CONTRA	ACT NO.	
140.0		06/03/2018								Washing		uilding Moder	nization- i	Phase 4		G14.16	64/GS	S11P0	6MKC0030	1
(1)	(2)	(3)	Ы		((4) DAY A	AND	DATE	•	(5)	(6)	(7)		(8)	* Other	Deductions		cal Tax		(9)
	DING		OT or [TUE	WED T	HU I	FRI S.	AT SUN				DE	DUCTIONS			,	ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C		29				2 3	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK
OF EMPLOYEE	ĭ≥û	Laborer:	D	1	IOUR	S WORK		EACH_	DAY 0 0	HOURS 0.00	OF PAY	EARNED	FICA	TAX	SWH	Medicare	1)	0.00	DEDUCTIONS	Check No.
(b) (b)	3	Common/General	0			0	0	0	0 0	0.00	0.00 0.00	1 / 1	69.17	65.00	66.98	16.18	2)	0.00	299.74	848.26
MAN AND AND AND AND AND AND AND AND AND A	3		s	1 1	4 00	4.00 8.	00 8	3.00	0 0	24.00	27.00 0.00	1 / 1	69.17	65.00	00.90	10.16	3)	82.41	299.74	993758
Other Deduction Detail: Other: 82.41				<u> </u>	1.00	1.00	00 0		٠١ ٠	24.00	27.00 0.00	1140.00								993730
Other Deduction Detail: Other: 32.41	0	Common/General	o s		8.00	8.00 8.	0 8	3.00	0 0	0.00	22.00 0.00	1 / 1	52.56	93.00	42.22	12.29	3)	0.00 32.41	232.48	647.52 993770
(b) (6)	4	Tile Setter	D O S	0	0 3.00	0 0 4.00	0 0	0 0 6.00	0 0 0 0 0 0	0.00	0.00 0.00 0.00 0.00 35.50 0.00		72.14	60.00	65.25	16.88	1) 2) 3)	0.00 0.00 58.18	272.45	891.05 993771
Other Deduction Detail: Other: 58.18																				
(b) (6) Other Deduction Detail: Other: 58.18	4	Laborer: Common/General	D O S	0	0 0 5.00		0 0 00 2	0 0 2.00	0 0	0.00	0.00 0.00 0.00 0.00 26.00 0.00		72.14	60.00	65.25	16.88	1) 2) 3)	0.00 0.00 58.18	272.45	891.05 993771

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE													d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:										Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK EN	NDIN	G								AND LOCAT		-:	Dh 4		PROJEC	CT OR CONTR	ACT NO.	
140.0		06/03/2018									terbert F Vashingt		ilding Moder	nization- i	nase 4		G14.1	64/GS11P0	06MKC0030)
(1)	(2)	(3)			(4	4) DAY	AND	DATE	E		(5)	(6)	(7)		(8)	* Othe	r Deductions	- 1) Local Tax 2) Local Tax		(9)
	NO. OF WITHHOLDING EXEMPTIONS			MON	TUE	WED 1	ГНИ	FRI	SAT	SUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	P A P JE	WORK CLASSIFICATION	ST, OT	28	29	30	31	1	2	3			GROSS		WITH-		1		<u> </u>	PAID FOR WEEK
OF EMPLOYEE	S M	CLASSIFICATION		-	IOUR	S WOR	KED	EACH	1 DAY		TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
(b) (6)		Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	177.50					1) 0.00		
	5		0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	241.65	267.00	256.74	56.51	2) 0.00 3) 194.88	4040 70	2880.72
(b) (6)			S	0	5.00	0	0	0	0	0	5.00	35.50 0.00	3897.50					·		993772
Other Deduction Detail: Other: 194.88																				
(b) (6)	5	Laborer: Common/General	D 0 S	0	0 0 3.00	0 0 0	0 0 3.00	0 0 5.00	0 0 0	0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 30.00 0.00		241.65	267.00	256.74	56.51	1) 0.00 2) 0.00 3) 194.88	1016 70	2880.72 993772
Other Deduction Detail: Other: 194.88																				
	1		1									1	. 4		ı	ı	ı		1	ı
(b) (6)		Terrazzo Finisher	D	-	0	0	0	0	0	0	0.00	0.00 0.00	238.32					1) 0.00		
	0		0		0	0	0	0	0	0	0.00	0.00 0.00	/	62.39	81.00	72.94	14.60	3) 50.32		725.07
(b) (6)			S	0	0	0	0	8.00	0	0	8.00	29.79 0.00	1006.32							993790
Other Deduction Detail: Other: 50.32																				
(b) (6)	I	Laborer:	Ь	0	0	اه ا	0	o	0	o	0.00	0.00 0.00	144.00		I	I	I	1) 0.00		I
	1	Common/General				0	0	0	0	0	0.00	0.00 0.00	1 / 1	35.71	27.00	37.84	8.35	2) 0.00	1 100 00	467.10
(b) (6)			O S				0	8.00	0	0	8.00	18.00 0.00	/					3) 0.00		993800
		1											<i>y</i>							1

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

_	elantic Refinishing & Restoration, Inc.												d Washingto , MD 20601	n Road							
PAYROLL NO. 140.0		FOR WEEK EN 06/03/2018	DIN	G						1			TION Jilding Model	nization- I	Phase 4		PROJECT G14.16			ACT NO. 6MKC0030	'
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (S) EXEMPTIONS	(3) WORK	OT or DT	MON 28	TUE		THU 31		SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	r Deductions	2) Loc	al Tax		(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,		HOURS			EAC	2 H DA	3 Y	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТН	ER*	TOTAL DEDUCTIONS	FOR WEEK/
(b) (6)	1	Point/Caulk/Clean	D 0	0	0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	41.64	53.00	26.00	9.74	2)	0.00 0.00 31.69	212.07	491.93
Other Deduction Detail: Other: 8	1.69		S	0	4.00	0	0	0	0	0	4.00	22.00 0.00	704.00								993805
(b) (6)	1	Laborer: Common/General	D 0 S	0	0 0 4.00	0 0 8.00	0 8.00	0 8.00	0 0	0 0	0.00 0.00 28.00	0.00 0.00 0.00 0.00 22.00 0.00		41.64	53.00	26.00	9.74	2)	0.00 0.00 31.69	212.07	491.93 993805
Other Deduction Detail: Other: 8	1.69																				

Date June 8th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Title)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization- Phase 4 (Building or Work); that during the payroll period commencing on the	
28th day of May , 2018 , and ending the 3rd day of June , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #140
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRA	ACTOF	R ✓ Wage DC	140	002	(Mc	od. 3)				ADDRESS	2320 OI	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:			•	·					Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK EN	IDIN	G							AND LOCAT					PROJEC	T OR CONTR	RACT NO.	
139.1		05/27/2018								Herbert F Washing		iilding Moder	'nızatıon- I	Phase 4		G14.16	64/GS11P0	06MKC0030)
(1)	(2)	(3)	Б			(4) DAY A	AND	DATE		(5)	(6)	(7)	D.F.	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	DING			MON	TUE	WED T							DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	21	22	23 2	24	25 2	6 27	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK
OF EMPLOYEE					OUF	RS WORK	(ED	EACH [DAY	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHER*	DEDUCTIONS	Check No.
(b) (6)		Tile Setter	D		C	0	0	0	0 0	0.00	0.00 0.00	1136.00					1) 0.00	,	
	4		0		С	0	0	0	0 0	0.00	0.00 0.00	1 / 1	83.32	76.00	95.24	19.49	3) 107.52	204 57	962.43
(b) (6)			S	8.00	4.00	4.00 8.	.00	8.00	0 0	32.00	35.50 0.00	1344.00							993531
(b) (6) Other Deduction Detail: Other: 107.52	4	Laborer: Common/General	D 0 S	0	4.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0	0 0	0.00	0.00 0.00 0.00 0.00 26.00 0.00		83.32	76.00	95.24	19.49	1) 0.00 2) 0.00 3) 107.52	204.57	962.43 993531
(b) (6)	6	Terrazzo Finisher	D O S	0	10.00	0 0 0 10.00 10.		8.00	0 0	0.00	0.00 0.00 48.00 0.00 32.00 0.00		103.17	92.00	100.05	24.13	1) 0.00 2) 0.00 3) 133.12	450.47	1211.53 993581
Other Deduction Detail: Other: 133.12																			
(b) (6) Other Deduction Detail: Other: 82.41	3	Point/Caulk/Clean	D 0 S	0	4.00		0 0 0	0	0 0	0.00	0.00 0.00 0.00 0.00 27.00 0.00	1 / 1	78.13	83.00	78.47	18.27	1) 0.00 2) 0.00 3) 82.41	0.40.00	952.22 993600

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOR	R ✓ Wage DC	140	002	(Mod	d. 3)				ADDRESS		d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc		Det:									Waldorf	, MD 20601								
PAYROLL NO.		FOR WEEK EN	NDIN	3							AND LOCAT					PROJEC	CT OR C	ONTRA	ACT NO.	
139.1		05/27/2018								Herbert I Washing		iilding Moder	nization- l	Phase 4		G14.10	64/GS	11P0	6MKC0030	ı
(1)	(2)	(3)	_		(4)) DAY A	AND E	DATE		(5)	(6)	(7)		(8)	* Other	Deductions				(9)
	SNS NS			MON	TUE	WED TI	HU F	RI SA	AT SUN				DE	DUCTIONS			 Loca Other 		z uctions	NET
NAME, ADDRESS, AND	F	WORK	ST, OT	21	22	23 2	24 2	25 2	6 27			GROSS		WITH-	I	ı	1			WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	S	Н	IOURS	WORK	CFD F	ACH I	DAY	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	ОТН	FR*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D	-	0	0	0	0	0 0	0.00	0.00 0.00	Λ'	11071	180	01111	W.Galgarg	+	0.00	DEDOCTIONS	
	3		0	0	0	0	0	0	0 0	0.00	0.00 0.00	1 / 1	78.13	83.00	78.47	18.27	1 '	0.00 32.41	340.28	952.22
(b) (6)			s	4.00	4.00	4.00 5.	.00 8.	.00	0 0	25.00	35.50 0.00	1292.50					3)	02.41		993600
Other Deduction Detail: Other: 82.41		•																		
(b) (6)	3	Common/General	0 S		0	0 4.00 3.	0 .00	0	0 0	0.00	0.00 0.00 27.00 0.00	/	78.13	83.00	78.47	18.27	1 '	0.00 32.41	340.28	952.22 993600
Other Deduction Detail: Other: 82.41																				
(b) (6)		Marble: Stone Mason	D	0	0	О	0	0	0 0	0.00	0.00 0.00	194.84					1 '	0.00		
	5		0	0	0	0	0	0	0 0	0.00	0.00 0.00	1 / 1	105.32	112.00	100.77	24.63	1 '	0.00 34.94	427.66	1271.04
(b) (6)			S	4.00	0	0	0	0	0 0	4.00	48.71 0.00	1698.70								993615
Other Deduction Detail: Other: 84.94																				
(b) (6)		Point/Caulk/Clean	D	0	О	о	0	О	0 0	0.00	0.00 0.00	120.00					1)	0.00		1
	5		0		0	0	0	0	0 0		0.00 0.00	1 / 1	105.32	112.00	100.77	24.63		0.00	427.66	1271.04
(b) (6)			s		0		0	_	0 0	4.00	30.00 0.00	1/ 1	100.02	112.00	100.17	21.50	3) 8	34.94	127.50	993615
Other Deduction Detail: Other: 84 94		1								1	1	<i>y</i>			1	1				1

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR	RACTOF		140	0002	(Mod	d. 3)				1	ADDRESS		d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.		Det:										Waldorf,	, MD 20601								
PAYROLL NO.		FOR WEEK EN	NDIN	G								AND LOCAT	ION Iilding Moder	nization I	Dhono 4		PROJEC	T OR CO	NTRAC	CT NO.	
139.1		05/27/2018									Nashingt		ilialing Model	mzauon- i	Filase 4		G14.10	64/GS1	1P06I	MKC0030	
(1)	(2)	(3)	70		(4	1) DAY	AND	DATI	E		(5)	(6)	(7)	5.5	(8)	* Other	Deductions	- 1) Local 2) Local			(9)
	DING		OT or [MON										DE	DUCTIONS			3) Other			NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	21	22				26		TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK
OF EMPLOYEE	8 2 2		+		IOURS	S WOF		EACI	- 1	1	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHE		DEDUCTIONS	Check No.
(b) (6)		Laborer: Common/General	D		0	0	0	0	0	0	0.00	0.00 0.00	1 / 1					1 '	0.00		
	5		0	1 1	0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	105.32	112.00	100.77	24.63	3) 84	4.94	427.66	1271.04
Other Deduction Detail: Other: 84.94			S	0	0	1.00	0	0	0	0	1.00	30.00 0.00	1698.70						\bot		993615
Other Deduction Detail: Other: 59.53	0		O S	0	0	0	0 8.00	4.00	0	0	0.00 4.00 12.00	0.00 0.00 31.47 8.81 20.98 8.81		73.82	102.00	86.86	17.26	1 '	0.00 9.53	339.47	851.13 993634
(1)	ĺ	h	1-	1 1		1	ı	1	ı	1		1	1 4		ı	ı	ı	Lo (0.00		ı
(D) (6) (b) (6)	2	Terrazzo Finisher	D 0 S	0	0	0 0		4.00 4.00	0 0	0	0.00 4.00 4.00	0.00 0.00 31.47 8.81 20.98 8.81	1 / 1	64.25	88.00	64.02	15.03	2) (0.00 0.00 1.81	283.11	753.17 993639
Other Deduction Detail: Other: 51.81																					
(1)	1	h -t	la.	1 .1	.1	.1	. 1	.I	.1	.1		ı	1 1		I	I	I	la (0.00		I
(D) (D)	1	Laborer: Common/General	0	\perp	0	0	0	0	0	0		0.00 0.00	1 / 1		40.0-	40.0-		1 '	0.00	4.47.0-	
(b) (6)	'		s		Ů	8.00	8.00	_ ~	0	0	40.00	0.00 0.00 18.00 0.00	/	44.64	43.00	49.29	10.44	3) (0.00	147.37	572.63 993643
		1		1							10.00	1	/ . 20.00			l	l	1			1 300040

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	NTRACTOR		140	0002	(Mod	. 3)				Al	DDRESS		d Washingto	n Road							
Atlantic Refinishing & Restoration, In	nc.	Det:										Waldorf	MD 20601								
PAYROLL NO.		FOR WEEK EN	IDIN	G								AND LOCAT					PROJEC	T OF	R CONTRA	ACT NO.	
139.1		05/27/2018									erbert ⊦ /ashingt		ilding Moder	nization- I	hase 4		G14.16	34/G	S11P0	6MKC0030	
(1)	(2)	(3)	T.		(4)	DAY	AND D	ATE			(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	DING			MON	TUE	VED	THU F	RIS	SAT SU	JN				DE	DUCTIONS				Other Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	21	22	23	24 2	5 2	26 27	7	TOTAL	RATE	GROSS AMOUNT		WITH-			П		TOTAL	PAID FOR WEEK/
OF EMPLOYEE	S M	OE/IOOII IO/IIIOIV			HOURS	WOF	RKED E	ACH	DAY		HOURS	OF PAY	EARNED	FICA	HOLDING TAX	SWH	Medicare	0	THER*	DEDUCTIONS	
(b) (6)		Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	528.00					1)	0.00		
	1		0	0	0	0	0	0	0	0	0.00	0.00 0.00		52.55	73.00	36.00	12.29	3)	0.00 94.01	267.85	612.15
(b) (6)			S	0	0 8	8.00	8.00 8.	00	0	0	24.00	22.00 0.00	880.00					Ĺ			993648
Other Deduction Detail: Other: 94.0	1																				
(b) (6)		Laborer: Common/General	D		0	0	0	0	0	0	0.00	0.00 0.00	352.00					1)	0.00		
	1	Common, Conoral	0	0	0	0	0	0	0	0	0.00	0.00 0.00		52.55	73.00	36.00	12.29	3)	94.01	267.85	612.15
(b) (6)			S	8.00	8.00	0	0	0	0	0	16.00	22.00 0.00	880.00					Ľ			993648
Other Deduction Detail: Other: 94.0	1																				

Date June 1st, 2018	(b) WHERE	EDINGE DENIEUTS ADE DAIR	
I, (b) (6) Payroll Supervisor	()	FRINGE BENEFITS ARE PAIL	
(Name of Signatory Party) (Title)	✓		sted in the above referenced payroll has been paid, as amount not less than the sum of the applicable basic
do hereby state:		hourly wage rate plus the ar	mount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	(-) EVOEDT	contract, except as noted in	Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(c) EXCEPT	IONS	
Herbert Hoover Building Modernization- Phase 4 (Building or Work); that during the payroll period commencing on the			
21st day of May , 2018 , and ending the 27th day of May , 2018			
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said			
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:			
FICA, FWH, Medicare, State Tax, Other			
	REMARKS		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.		1P06MKC0030, Wage Decision tered incorrectly	on #DC140002 Mod 3 04/11/14,Revised Payroll
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.			
(4) That:			
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:		SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)	Payroll Supervisor	Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.		TO CIVIL OR CRIMINAL PROSECUTIO	SOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR ON. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

					,														
NAME OF CONTRACTOR OR SUBCONTE	RACTOF	₹ ✓ Wage DC Det:	140	0002	(Mod	d. 3)				ADDRESS		d Washingto , MD 20601	n Road						
Atlantic Refinishing & Restoration, Inc.		Det.									waidon	, IVID 2000 I							
PAYROLL NO.		FOR WEEK EN	IDIN	G							AND LOCAT					PROJEC	T OR CONTR	RACT NO.	
138.0		05/20/2018								Herbert I Washing		uilding Moder	nization- I	Phase 4		G14.16	64/GS11P0	06MKC0030	i
(1)	(2)	(3)	_		(4	1) DAY	AND D	DATE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax		(9)
	NS SI		or DT	MON	TUE	WED T	гни ғ	RISA	AT SUN				DE	DUCTIONS			Local Tax Other Dec		NET
NAME, ADDRESS, AND	그 글 달	WORK	ST, OT	14	15	16	17 1	18 1	9 20	1		GROSS		WITH-		I	1		WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ľ		OURS	S WOR	KED E	ACH [L DAY	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D	1	0	0	0	0	0 0	0.00	0.00 0.00	1	-				1) 0.00	+	
	4		0	0	0	0	0	0	0 0	0.00	0.00 0.00	1 / 1	72.05	56.00	81.93	16.85	2) 0.00	040.70	842.21
(b) (b)			s		0	8.00 8	3.00 8.	00	0 0	32.00	35.50 0.00	1 / 1	. 2.00	00.00	01.00		3) 92.96		993375
Other Deduction Detail: Other: 92.96				0.00		0.00	,,,,,		٠ ٠	32.00	0.00	1102.00							993373
(b) (6) Other Deduction Detail: Other: 694.17	0	Point/Caulk/Clean	D 0 8	8.00	0 8.00	0 0 0	0 0 0	0	0 0 0 0 0	0.00	0.00 0.00 0.00 0.00 27.00 0.00		13.20	10.00	3.00	3.09	1) 0.00 2) 0.00 3) 694.17	723.46	140.54 993403
(b) (d)	6		0	\perp	0	0	0 10.			18.00		1 / 1	400.00	145.00	400.00	24.00	2) 0.00	044.00	4500.04
	"										48.00 0.00	↓ /	132.92	145.00	133.83	31.09	3) 171.52	614.36	1529.64
(b) (6)			5	10.00	10.00	10.00 10	0.00	0	0 0	40.00	32.00 0.00	2144.00							993426
Other Deduction Detail: Other: 171.52 Jose A Guerra	0	Laborer: Common/General	0	0	0	0	0 0	_	0 0	0.00	0.00 0.00		71.30	148.00	84.39	16.67	1) 0.00 2) 0.00 3) 50.00) 270.26	779.64
6670			S	0	0	0	0 8.	.00	0 0	8.00	25.00 0.00	1150.00							993434
Other Deduction Detail: Other: 50 00																			

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR	ACTO	R ✓ Wage DC	1 10	MA /	Mad	2)			Τ,	ADDDESS	2220 OI	d Washingto	n Pood						
Atlantic Refinishing & Restoration, Inc.	(ACTOI	Det:	140	1002 (iviou.	3)			′	ADDINESS		u washingto , MD 20601	II Noau						
		FOR WEEK EN	DINI						4.							T === :==			
PAYROLL NO.			IDIN	G							AND LOCAT	ion iilding Moder	nization- F	Phase 4			T OR CONT		,
138.0		05/20/2018								Vashingt						G14.16	04/GS11P	06MKC0030)
(1)	(2)	(3)	占		(4) [DAY AN	ID DAT	E		(5)	(6)	(7)	5.5	(8)	* Other	Deductions	- 1) Local Ta		(9)
	SNC			MON .	TUE	ED THU	J FRI	SAT	SUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	14	15 1	16 17	18	19	20			GROSS		WITH-			1	T	PAID FOR WEEK
Identification Number OF EMPLOYEE	S E E	CLASSIFICATION	0,		DURS V	VORKE	D EAC	H DAY	,	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
(b) (6)		Tile Setter	D	o	0	0 0		О	0	0.00	0.00 0.00	1100.50				ĺ	1) 0.00		
	3		0	0	0	0 0	0	0	0	0.00	0.00 0.00	1 / 1	81.28	89.00	82.52	19.01	2) 0.00 3) 82.4	1 25/22	989.28
(b) (6)			s	0	8.00 8.	00 7.00	8.00	0	0	31.00	35.50 0.00	1343.50					3) 02.4		993445
Other Deduction Detail: Other: 82.41												<i>y</i>							
(b) (6) Other Deduction Detail: Other: 82.41	3	Laborer: Common/General	D O S		0 0	0 0	0	0 0	0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 27.00 0.00		81.28	89.00	82.52	19.01	1) 0.00 2) 0.00 3) 82.4	05400	989.28 993445
Guidi Boddoudii Boddiii Guidi. GZ. 11																			
(b) (6)		Laborer:	D	0	0	0 0	0 0	0	0	0.00	0.00 0.00	220.00					1) 0.00		
	0	Common/General	0	0	0	0 0	0	0	0	0.00	0.00 0.00	1 / 1	55.23	102.00	45.02	12.92	2) 0.00 3) 32.4	0.47.50	675.62
(b) (6)			s	2.00	8.00	0 0	0	0	0	10.00	22.00 0.00	923.20					3) 32.4		993457
Other Deduction Detail: Other: 32.41	-											,					1		
		1																. 1	
(b) (6)		Marble: Stone Mason	D	\perp	0	0 0	0	0	0	0.00	0.00 0.00	146.13					1) 0.00		
	4		0		0	0 0	0	0	0	0.00	0.00 0.00		72.83	62.00	66.09	17.03	3) 58.73		897.95
(b) (6)			S	0	3.00	0 0	0	0	0	3.00	48.71 0.00	1174.63							993458
Other Deduction Detail: Other: 58 73																			

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOF	R ✓ Wage DC	140	002	(Mod	d. 3)				1	ADDRESS		d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc		Det:										Waldorf,	, MD 20601								
PAYROLL NO.		FOR WEEK EN	DIN	G								AND LOCAT	ION Iilding Moder	nization I	Phasa 4		PROJEC	T OR CO	NTRACT NO		
138.0		05/20/2018									Nashingt		illuling Model		11056 4		G14.16	64/GS1	P06MKC	0030	
(1)	(2)	(3)	۱		(4	1) DAY	AND	DAT	E		(5)	(6)	(7)	DE.	(8) DUCTIONS	* Other	Deductions	- 1) Local 2) Local			(9)
	SNOI		OT or			WED								DE	DUCTIONS			,	Deductions		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,	14	15		17				TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING				то	ΓAL	PAID FOR WEEK
OF EMPLOYEE	≥ ≥ û	Tile Setter	D	- 1	IOURS	S WOF	RKED ₀	EACI	H DAY	Y 0	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	1) 0	.00	TIONS	Check No.
(b) (b)	4	The Setter	0		0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	72.83	62.00	66.09	17.03	2) 0	.00	6.68	897.95
(A) (A)	*				5.00	0	0	0	0	0	7.00	35.50 0.00	/	12.03	62.00	66.09	17.03	3) 58	.73	0.00	993458
Other Deduction Detail: Other: 58.73				2.00	0.00						7.00	00.00	1174.00								
() (6)	4		o s		8.00	0	0	0	0	0	0.00 8.00	0.00 0.00	/	32.18	13.00	11.14	7.53		.00 .00	3.85	455.19 993468
(b) (6)	0	Terrazzo Finisher	D O S	0	0	0 0	0 0	0 0	0 8.00 0	0 0	0.00 8.00 0.00	0.00 0.00 40.28 0.00 0.00 0.00		92.15	135.00	109.19	21.55	1 '	.00 .00 .31	2.20	1054.04 993478
Other Deduction Detail: Other: 74.31		1										<u> </u>	'						'		
(b) (6)	2	Terrazzo Finisher	D 0 s		0 0	0 0	0 0	0 0	0 8.00	0 0	0.00 8.00 0.00	0.00 0.00 40.28 0.00 0.00 0.00		81.17	145.00	84.20	18.98	2) 0	.00 .00 .46	4.81	914.43 993484
Other Deduction Detail: Other: 65.46	-	1											<u>r</u>					-			

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR. Atlantic Refinishing & Restoration, Inc.	ic Refinishing & Restoration, Inc.												d Washingto , MD 20601	n Road						
PAYROLL NO. 138.0		FOR WEEK EN 05/20/2018		G									TION uilding Moder	nization- I	Phase 4			T OR CONT 64/GS11F	PO6MKC0030)
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C) EXEMPTIONS (C)	(3) WORK	ㅎ	.	TUE	WED		FRI	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other D	ax 2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITH EXEMP	CLASSIFICATION	ST,		OURS						TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/
(b) (6)	1	Laborer: Common/General	D 0 S		0 8.00	0 0 8.00	0 0 8.00		0 8.00 0	0	0.00 8.00 40.00	0.00 0.00 27.00 0.00 18.00 0.00		58.03	69.00	66.46	13.57	1) 0.0 2) 0.0 3) 0.0	007.06	728.94 993488
(b) (6)	1	Point/Caulk/Clean	D 0 8		0 0 8.00	0 0	0 0	0 0	0 0	0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 22.00 0.00		68.92	116.00	50.00	16.12	1) 0.0 2) 0.0 3) 112.4	00	780.47 993493
Other Deduction Detail: Other: 112.49											10.00									
(b) (6) Other Deduction Detail: Other: 112.49	1	Laborer: Common/General	D 0 S	0	0 0	0 0 8.00	0 0 7.00		0 8.00 0	0 0		0.00 0.00 33.00 0.00 22.00 0.00		68.92	116.00	50.00	16.12	1) 0.0 2) 0.0 3) 112.4	00	780.47 993493

Date May 24th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID I	IN CASH
I, _(b) (6) Payroll Supervisor (Title)	Each laborer or mechanic liste	ed in the above referenced payroll has been paid, as nount not less than the sum of the applicable basic
do hereby state: (1) That I pay or supervise the payment of the persons employed by	contract, except as noted in S	punt of the required fringe benefits as listed in the section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(c) EXCEPTIONS	
Herbert Hoover Building Modernization- ; that during the payroll period commencing on the Phase 4 (Building or Work)		
14th day of May , 2018 , and ending the 20th day of May , 2018		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said		
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:		
FICA, FWH, Medicare, State Tax, Other		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision	#DC140002 Mod 3 04/11/14,Payroll #138
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.		
(4) That:		
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:	SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor	Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.		VE STATEMENTS MAY SUBJECT THE CONTRACTOR OR . SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCOM	NTRACTOR	Wage DC	002	(Mo	d. 3)				ADDRESS			d Washington	n Road							
Atlantic Refinishing & Restoration, In	ıC.	Det:									Wald	dort,	MD 20601							
PAYROLL NO.		FOR WEEK EN	DING	G						PROJECT			ION ilding Moder	nization. I	Phase 1			T OR CONT		
137.1		05/13/2018								Washing				inzadon i	11000 4		G14.16	64/GS11F	06MKC0030)
(1)	(2)	(3)	l E		(-	4) DAY A	AND	DATE		(5)	(6))	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta		(9)
	NOI		5			WED TI								DE	DUCTIONS			3) Other Do		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	7	8 10 UR	9 1 S WORK			12 13	TOTAL HOURS	. RA	TE	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL	PAID FOR WEEK/ Check No.
(b) (6)		Tile Setter	D	1	0		0	0	- 1	0.00			1171.50	11071	IAX	OWIT	Wedicare	1) 0.0		,
	4		0	0	0	0	0	0	0	0.00	0.00	0.00		83.92	77.00	95.94	19.63	2) 0.0 3) 108.2	00477	968.73
(b) (6)			s	8.00	8.00	7.50 7.	50 2	2.00	0 (33.00	35.50	0.00	1353.50					3) 100.2		993224
Other Deduction Detail: Other: 108.2	:8									1									_	1
(b) (6) Other Deduction Detail: Other: 272.9	0	Point/Caulk/Clean	D O S		0 8.00	0 0 3.	0 0 8	0 8.00		0.00 0 0.00 0 27.00	0.00	0.00	729.00	55.88	92.00	40.00	13.07	1) 0.0 2) 0.0 3) 272.9	0 470.05	644.40 993252
Other Deduction Detail: Other: 272.9	10																			
(b) (6)	0	Tile Setter	D 0 8		0	0 0 4	0 0 50	0	_	0 0.00 0 0.00 0 4.50	0.00	0.00	159.75	55.88	92.00	40.00	13.07	1) 0.0 2) 0.0 3) 272.9	0 470.05	644.40 993252
Other Deduction Detail: Other: 272.9	10				0	0 4.	50	<u> </u>	<u> </u>	4.50	35.50	0.00	1110.23							993232
(b) (6)	0	Laborer: Common/General	D 0 8	0	0		0 0	0		0.00 0.00 0.7.50	0.00	0.00	202.50	55.88	92.00	40.00	13.07	1) 0.0 2) 0.0 3) 272.9	0 472.05	644.40 993252
Other Deduction Detail: Other: 272.0	1				-					7.50	1 27.00	5.00	/ 1110.20							030202

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTI	RACTOF	R ✓ Wage DC	140	002 (Mod.	. 3)			Τ.	ADDRESS	2320 Ol	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:										MD 20601							
PAYROLL NO.		FOR WEEK EN	NDING	3						PROJECT	AND LOCAT	ION				PROJEC	T OR CONT	RACT NO.	
137.1		05/13/2018								Herbert F Washingt		ilding Moder	nization- I	nase 4		G14.16	64/GS11P	06MKC0030)
(1)	(2)	(3)	DT		(4)	DAY AN	ID DAT	TE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Ta 2) Local Ta		(9)
	DING		5	MON .	TUE W	/ED THU	FRI	SAT	SUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND	유민	WORK	ST, OT	7	8	9 10	11	12	13			GROSS		WITH-	l			Τ	PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	0,	Н	DURS	WORKE	D EAC	CH DA	Υ	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Terrazzo Finisher	D	o	0	0 0	0	0	0	0.00	0.00 0.00	2144.00	,			ĺ	1) 0.00		
· · · · · · · · · · · · · · · · · · ·	6		0	0	0	0 0	10.00	8.00	0	18.00	48.00 0.00		132.93	145.00	133.83	31.09	2) 0.00 3) 171.5		1529.63
(b) (6)			s	10.00 1	0.00 10	0.00 10.00	0	0	0	40.00	32.00 0.00	2144.00					3) 171.5		993275
Other Deduction Detail: Other: 171.52																	•	<u>'</u>	
(b) (6) (b) (6) Other Production Particle Others 20 44	3	Tile Setter	D O S	0 8.00	0 0 8.00 7	0 0 0	0	0 0	0 0	0.00 0.00 31.00	0.00 0.00 0.00 0.00 35.50 0.00	1100.50	81.29	89.00	82.52	19.01	1) 0.00 2) 0.00 3) 82.4) 254.22	989.27 993295
Other Deduction Detail: Other: 82.41																			
(b) (6)		Laborer: Common/General	D	0	0	0 0	0	0	0	0.00	0.00 0.00	54.00					1) 0.00	I	
	3	Common/General	0	0	0	0 0	0	0	0	0.00	0.00 0.00		81.29	89.00	82.52	19.01	2) 0.00 3) 82.4	0 - 4 00	989.27
(b) (6)			S	0	0	0 0	2.00	0	0	2.00	27.00 0.00	1343.50							993295
Other Deduction Detail: Other: 82.41																			
(b) (C)		Point/Caulk/Clean	D	ام ا	اه	ه اه	ا ا	ا ا	o	0.00	l	l 1		I	I	l	1) 0.00	าไ	I
(b) (b)	0	on voaunvoicali	0			0 0		0	0		0.00 0.00	/	20.72	44.00	40.00	0.07	2) 0.00	0	400.40
(MANAGO)	"		s		0 -					0.00	0.00 0.00	/	38.79	41.00	46.68	9.07	3) 0.0	135.54	490.10
(D) (b)			٦	8.00	0 7	7.50 0	0	0	0	15.50	18.88 0.00	625.64							993296

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOR	Wage DC	140	0002	(Mc	od. 3)				ADDRESS		d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc		Det:									Waldorf	, MD 20601								
PAYROLL NO.		FOR WEEK EN	DIN	G							AND LOCAT	TION Hilding Moder	nization I	Dhoon 1		PROJEC	CT OR	CONTRA	ACT NO.	
137.1		05/13/2018								Washing		ilialing Model	mzauon- i	Filase 4		G14.10	64/G	S11P0	6MKC0030	
(1)	(2)	(3)	П			(4) DAY A	ND D	ATE		(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	DING		5	MON		WED TH							DE	DUCTIONS			,	ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT		8	9 1 RS WORK			2 13	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING	SWH	Medicare		HER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	250	Laborer:	D	1	0	i i	T		0 0		0.00 0.00	1	TICA	TAX	SWII	iviedicare	1)	0.00	DEDUCTIONS	Oncok 140.
	0	Common/General	0		0	0	0	0	0 0	0.00	0.00 0.00	1 / 1	52.55	93.00	42.22	12.29	2)	0.00	232.47	647.53
(b) (6)			s	8.00	8.00	7.50 7.5	50 8.0	00	0 0	39.00	22.00 0.00	880.00					3)	32.41		993307
Other Deduction Detail: Other: 32.41	-										1	,								
b) (6)	4	Tile Setter	O S		0	7.50 4.5			0 0 0 0 0 0		0.00 0.00 0.00 0.00 35.50 0.00		74.49	65.00	68.12	17.42	2)	0.00 60.08	285.11	916.39 993308
Other Deduction Detail: Other: 60.08																				
(b) (6)	4	Laborer: Common/General	D		0	0	0	_	0 0		0.00 0.00	1 / 1					1)	0.00		
(Institute)	4		0	3.00	0.00	1 1	0 2.0		0 0	0.00	0.00 0.00 26.00 0.00	1 / 1	74.49	65.00	68.12	17.42	3)	60.08	285.11	916.39 993308
Other Deduction Detail: Other: 60.08				3.00	8.00	0 3.0	0 2.0	00	0 0	16.00	26.00 0.00	1201.50								993308
										1										
(b) (6)	_	Point/Caulk/Clean	D		0		-	_	0 0		0.00 0.00	90.00					1)	0.00		
	5		o s		0				0 0	0.00	0.00 0.00	1 / 1	88.98	82.00	80.88	20.81	3)	71.76	344.43	1090.82
Other Deduction Detail: Other: 71.76			0	0	0	0 3.0	00	0	0 0	3.00	30.00 0.00	1435.25								993309

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTI	RACTOR	₩age DC	140	002	(Mo	nd 3)				Τ.	ADDRESS	2320 Old	d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.		Det:	1.10	002	(1710	,u. 0)							, MD 20601								
PAYROLL NO.		FOR WEEK EN	NDIN	G							PROJECT /	AND LOCAT	ION				PROJEC	CT OF	R CONTRA	ACT NO.	
137.1		05/13/2018									∃erbert F Vashingt		ilding Moder	nization- F	Phase 4		G14.10	64/G	S11P0	6MKC0030	
(1)	(2)	(3)	Ы		(-	(4) DAY	AND	DATE	=		(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	SNS		5	MON	TUE	WED :	THU	FRI	SAT	SUN				DE	DUCTIONS			,	_ocarrax. Other Ded		NET
NAME, ADDRESS, AND	F F F F F F F F F F F F F F F F F F F	WORK	ST, OT	7	8	9	10	11	12	13			GROSS		WITH-	I	I	T			WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ľ	Н	IOUR	S WOR	KED	EACH	H DAY	,	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	0	THER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	550.25					1)	0.00		
	5		0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	88.98	82.00	80.88	20.81	2)	0.00 71.76	344.43	1090.82
(b) (6)			s	6.00	5.00	0 -	4.50	0	0	0	15.50	35.50 0.00	1435.25					3)	71.70		993309
Other Deduction Detail: Other: 71.76	1												, i				ı				1
(b) (6) (b) (6) Other Perfective Perfective Other 74.76		Laborer: Common/General	D O S		0 0 3.00	0 0 7.50	0 0	0 0 2.00	0 0	0 0	0.00 0.00 14.50	0.00 0.00 0.00 0.00 30.00 0.00	/	88.98	82.00	80.88	20.81	1) 2) 3)	0.00 0.00 71.76	344.43	1090.82 993309
Other Deduction Detail: Other: 71.76																					
(b) (6)		Terrazzo Finisher	D		0	0	0	0	0	0	0.00	0.00 0.00	980.98					1)	0.00		
	0		0		0	0	0	6.00	8.00	0	14.00	31.47 8.81	/	99.51	149.00	118.16	23.27	3)	80.25	470.19	1134.79
(b) (6)			S	0	0	0 1	0.00	4.00	0	0	14.00	20.98 8.81	1604.98							L	993326
Other Deduction Detail: Other: 80.25																					
(b) (6)		Laborer:	D	0	О	0	0	0	0	0	0.00	0.00 0.00	936.00					1)	0.00		
	1	Common/General	0	0	0	0	0	0	8.00	0	8.00	27.00 0.00	/	58.03	69.00	66.46	13.57	2)	0.00	207.06	728.94
(b) (6)			s	8.00	8.00	8.00	B.00	8.00	0	0	40.00	18.00 0.00	936.00					,	3.30		993335

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	NTRACTO		2140	0002	(Mo	d. 3)				1	ADDRESS		d Washingto	n Road						
Atlantic Refinishing & Restoration, Ir	nc.	Det:										Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK E	NDIN	G								AND LOCAT					PROJEC	T OR CONTR	ACT NO.	
137.1		05/13/2018	3								terbert F Vashingt		ilding Moder	nization- I	hase 4		G14.16	64/GS11P0	06MKC0030	1
(1)	(2)	(3)	Ŀ		(4	I) DAY	AND [DATE	=		(5)	(6)	(7)		(8)	* Other	Deductions ·	- 1) Local Tax		(9)
	DING													DE	DUCTIONS			 Local Tax Other Dec 		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION			8	9	10	11	12 1	13			GROSS		WITH-			1		PAID FOR WEEK/
OF EMPLOYEE	S M S	CLASSIFICATION			HOUR	s wol	RKED E	ACH	I DAY		TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
(b) (6)		Point/Caulk/Clean	D	0	0	0	0	0	О	0	0.00	0.00 0.00	528.00				l	1) 0.00		
-	1		С	0	0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	68.91	116.00	50.00	16.12	2) 0.00 3) 112.49	363 53	780.48
(b) (6)			S	8.00	8.00	0	0 8	.00	0	0	24.00	22.00 0.00	1144.00				I	0,		993340
Other Deduction Detail: Other: 112.4	19												·							
(b) (6)		Laborer: Common/General	D		0	0	0	0	0	0	0.00	0.00 0.00	594.00				l	1) 0.00 2) 0.00		
	1	Common/Ceneral	С	0	0	0	0	0	8.00	0	8.00	33.00 0.00	/	68.91	116.00	50.00	16.12	3) 112.49	363.52	780.48
(b) (6)			S	0	0	7.50	7.50	0	0	0	15.00	22.00 0.00	1144.00							993340
Other Deduction Detail: Other: 112.4	19																			

Date May 18th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title) do hereby state:	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization- Phase 4 (Building or Work) The second s	
7th day of May , 2018 , and ending the 13th day of May , 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Revised Payroll #137.1-Wage incorrect
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR	RACTOR	✓ Wage DC	140	002	(Mo	d. 3)				ADDRESS		d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:									Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK EN	DINC	}						PROJECT	AND LOCAT	ION	·········	DI: 4		PROJEC	T OR CONTR	RACT NO.	
136.0		05/06/2018								Herbert i Washing		iilding Moder	nization- i	Pnase 4		G14.16	64/GS11P0	06MKC0030)
(1)	(2)	(3)	DT		(4	4) DAY A	AND I	DATE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	DING		OT or D		TUE	WED T	HU F	FRIS	AT SUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	30	1	2 S WORK			5 6	TOTAL	RATE	GROSS AMOUNT	FICA	WITH- HOLDING	SWH	Medicare	OTHER*	TOTAL	PAID FOR WEEK
(b) (6)		Tile Setter	D		0083		0	ol	0 0	HOURS 0.00	0.00 0.00	1402.25	FICA	TAX	SWIT	iviedicare	1) 0.00	DEDUCTIONS	GITECK INU.
	4		0	0	0	0	0	0	0 0	0.00	0.00 0.00	1 / 1	87.74	84.00	100.45	20.52	2) 0.00	405.00	1009.32
(b) (6)				8.00	8.00	7.50 8	.00 8	3.00	0 0	39.50	35.50 0.00	1 / 1					3) 113.22	100.00	993075
Other Deduction Detail: Other: 113.22										1		<i>y</i>		1			1	1	1
Other Deduction Detail: Other: 273.12	0	Point/Caulk/Clean	О S	0 3.00	0 8.00	7.50 8	0	0	0 0	0.00	0.00 0.00 0.00 0.00 27.00 0.00		56.14	93.00	41.00	13.13	1) 0.00 2) 0.00 3) 273.12	470.00	646.11 993103
Other Deduction Detail. Other. 216.12																			
(b) (6)	0	Tile Setter	D O S	0 0 5.00	0 0	0 0	0 0	0 0 0	0 C	0.00	0.00 0.00 0.00 0.00 35.50 0.00		56.14	93.00	41.00	13.13	1) 0.00 2) 0.00 3) 273.12	470.00	646.11 993103
Other Deduction Detail: Other: 273.12																			
(b) (6) Other Deduction Detail: Other: 140.80	6	Terrazzo Finisher	D O S	0 10.00	0 0 10.00		0 10	00.00	0 0 0 0		0.00 0.00 48.00 0.00 32.00 0.00	1 / 1	109.12	103.00	106.80	25.52	1) 0.00 2) 0.00 3) 140.80	405.04	1274.76 993126

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	TRACTOF	R ✓ Wage DC	140	002	(Mod	d. 3)				ADDRESS	2320 Ol	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:			•	,					Waldorf,	, MD 20601							
PAYROLL NO.		FOR WEEK EN	NDIN	3						PROJECT	AND LOCAT	ION				PROJEC	T OR CON	TRACT NO.	
136.0		05/06/2018	3							Herbert F Washing		ilding Moder	nization- F	Phase 4		G14.10	64/GS11I	P06MKC0030)
(1)	(2)	(3)	DT		(4	1) DAY A	AND	DATE		(5)	(6)	(7)		(8)	* Other	r Deductions	- 1) Local T 2) Local T		(9)
	SNS NS		5	MON	TUE	WED TI	HU	FRI SA	AT SUN				DE	DUCTIONS			,	ax 2 Deductions	NET
NAME, ADDRESS, AND	T 그런	WORK	ST, OT	30	1	2 :	3	4 5	5 6			GROSS		WITH-	ı	1	1		WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	o o	\perp	OURS	S WORK	ŒD I	EACH [DAY	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER	* TOTAL * DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Marble: Stone Mason	D	0	0	0	0	0	0 0	0.00	0.00 0.00	1					1) 0.0		
	3		0	0	0	0	0	0	0 0	0.00	0.00 0.00	1 / 1	85.99	98.00	88.55	20.11	2) 0.0 3) 82.4	075.00	1044.32
(b) (6)			s	0	5.00	7.50	0	0	0 0	12.50	48.71 0.00	1419.38					3) 02.	"	993145
Other Deduction Detail: Other: 82.41		1										,							
(b) (6) Other Deduction Detail: Other: 82.41	3	Tile Setter	D 0 s	0 8.00	0 0	0 0	0 0	0	0 0 0 0 0	0.00	0.00 0.00 0.00 0.00 35.50 0.00		85.99	98.00	88.55	20.11	1) 0.0 2) 0.0 3) 82.4	00	1044.32 993145
Other Deduction Detail: Other: 82.41																			
(b) (6)		Laborer: Common/General	D	0	0	0	0	0	0 0	0.00	0.00 0.00	513.00					1) 0.0		
	3	Common/General	0	0	0	0	0	0	0 0	0.00	0.00 0.00] /	85.99	98.00	88.55	20.11	2) 0.0 3) 82.4	075.00	1044.32
(b) (6)			S	0	3.00	0 8.	00 8	8.00	0 0	19.00	27.00 0.00	1419.38					,		993145
Other Deduction Detail: Other: 82.41	·				Ì	·		•				,							
	1	D-:	l-	L .I	.1	.1	. 1	.I	.1	1	I	1		I.	I	I	la) 04	00	I
(D) (O)		Point/Caulk/Clean	D		0	0	0	_	0 0	-	0.00 0.00	1 / 1					1) 0.0	00	
	0		0		0	0	0		0 0	0.00	0.00 0.00	1 / 1	53.02	69.00	64.93	12.40	3) 0.0	1 100 25	655.80
(b) (6)			S	0	0	3.00 6.	50 8	8.00	0 0	17.50	18.88 0.00	855.15							2068

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR	RACTOR	R ✓ Wage DC	140	0002	(Moc	1. 3)				Τ.	ADDRESS	2320 Ol	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:	Det:										MD 20601							
PAYROLL NO.		FOR WEEK EN	IDIN	G								AND LOCAT					PROJEC	T OR CONT	RACT NO.	
136.0		05/06/2018									∃erbert F Vashingt		ilding Moder	nization- I	Phase 4		G14.16	64/GS11P	06MKC0030)
(1)	(2)	(3)	10		(4	l) DAY	' AND	DATE	E		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Ta		(9)
	DING		ō	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND	P F P F	WORK	ST, OT	30	1	2	3	4	5	6			GROSS		WITH-	l		1	T	PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	0,		OURS	S WOF	RKED	EACH	H DAY	′	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D	0	0	0	0	o	0	0	0.00	0.00 0.00	443.75				ĺ	1) 0.00		
	0		0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	53.02	69.00	64.93	12.40	2) 0.00		655.80
(b) (6)			s	0	8.00	4.50	0	0	0	0	12.50	35.50 0.00	855.15					0, 0.00		2068
(b) (6) Other Deduction Detail: Other: 32.41	0	Laborer: Common/General	D O S	0	0 0 8.00	0 0 7.50	0 8.00	0 8.00	0 0	0 0	0.00 0.00 39.50	0.00 0.00 0.00 0.00 22.00 0.00		52.55	93.00	42.22	12.29	1) 0.00 2) 0.00 3) 32.4	0 000 47	647.53 993157
(b) (6)	I	Marble: Stone Mason	lъ	ا ا	اه	اه	٥١	ol	٥١	٥l	0.00	I	1729.20		1	I	1	1) 0.00	ol	I
(5) (6)	4	maision eterre maseri	0		0	0	0	0	0	0	0.00	0.00 0.00	/	116.82	143.00	119.68	27.32	2) 0.00	504.00	1383.18
76V /61	-				8.00	7.50	8.00	4.00	0	0	35.50	48.71 0.00	1884.21	110.02	143.00	119.00	27.32	3) 94.2	1 301.03	993158
Other Deduction Detail: Other: 94.21				0.00	0.00	7.00	0.00				33.30	40.71 0.00	1004.21							993130
(b) (6)		Tile Setter	D	\perp	0	0	0	0	0	0	0.00	0.00 0.00	142.00					1) 0.00		
	4		0		0	0	0	0	0	0	0.00	0.00 0.00	/	116.82	143.00	119.68	27.32	2) 0.00 3) 94.2		1383.18
(b) (6)			S	0	0	0	0	4.00	0	0	4.00	35.50 0.00	1884.21							993158
Other Deduction Detail: Other: 94 21																				

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOF	R ✓ Wage DC	140	002	(Moc	d. 3)					ADDRESS		d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc		Det:										Waldorf	, MD 20601								
PAYROLL NO.		FOR WEEK EN	NDIN	G								AND LOCAT		-:ti [Dh 4		PROJEC	CT OR	R CONTRA	ACT NO.	
136.0		05/06/2018	3								nerbert F Nashingt		ilding Moder	nization- i	Phase 4		G14.10	64/G	S11P0	6MKC0030)
(1)	(2)	(3)	П		(4) DAY	/ AND	DAT	E		(5)	(6)	(7)		(8)	* Othe	Deductions		ocal Tax		(9)
	DING		5	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS				Other Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	30	1	2	3	4	5	6	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING			Τ		TOTAL	PAID FOR WEEK
OF EMPLOYEE	S S S		-		OURS	WOF	RKED	EACI	H DA	Y	HOURS		EARNED	FICA	TAX	SWH	Medicare			DEDUCTIONS	
(b) (6)		Marble: Stone Mason	D		0	0	0	0	0	0	0.00	0.00 0.00	1144.68					1)	0.00		
	5		0		0	0	0	0	0	0	0.00	0.00 0.00	/	116.99	133.00	114.99	27.36	3)	94.35	486.69	1400.25
(b) (6)			S	2.50	6.00	7.50	7.50	0	0	0	23.50	48.71 0.00	1886.94								993159
(b) (6)	5	Tile Setter	D O S		0 0	0 0	0 0	0 0 4.00	0 0	0 0	0.00 0.00 9.50	0.00 0.00 0.00 0.00 35.50 0.00		116.99	133.00	114.99	27.36	1) 2) 3)	0.00 0.00 94.35	400.00	1400.25 993159
Other Deduction Detail: Other: 94.35																					
(b) (6)	5	Laborer: Common/General	D 0 S	0	0 0	0 0	0 0	0 0 2.00	0 0	0 0	0.00 0.00 2.00	0.00 0.00 0.00 0.00 30.00 0.00		116.99	133.00	114.99	27.36	1) 2) 3)	0.00 0.00 94.35	400.00	1400.25 993159
Other Deduction Detail: Other: 94.35	•				•								'		•	•	•				
(h) (6)	ı	Laborer:	D	اه ا	اه	اه	ا ه	l ol	اه	l ol	0.00	0.00 0.00	567.00		I	I	I	1)	0.00	I	ı
	1	Common/General	0		0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	40.18	35.00	43.57	9.40	2)	0.00	128.15	519.85
(b) (6)			S		8.00	7.50	8.00	8.00	0	0	31.50	18.00 0.00	/	10.10	55.50	10.07	0.40	3)	0.00	120.10	993185

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBC Atlantic Refinishing & Restoration,	ONTRACTOR	R ✓ Wage DC ² Det:	140	002	(Moc	d. 3)				1	ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO.		FOR WEEK EN	DIN	G								AND LOCAT	ION ilding Mode	nization- F	Phase 4			T OR CONTR		
136.0		05/06/2018									Vashingt						G14.16	4/GS11P0)6MKC0030	
(1)	(2)	(3)	F		(4) DAY	AND	DATE	E		(5)	(6)	(7)		(8)	* Other	Deductions	1) Local Tax 2) Local Tax		(9)
	LDING		OT or D		TUE			FRI	SAT S	_				DE	DUCTIONS			3) Other Dec		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, (30	1	2		4		6	TOTAL	RATE	GROSS AMOUNT	FIOA	WITH- HOLDING	0)4/11	Madiana	OTUED:	TOTAL	PAID FOR WEEK/ Check No.
OF EMPLOYEE		Point/Caulk/Clean	t	1 1	OURS	WOF	KED	EACE	H DAY	+	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHER* 1) 0.00	DEDUCTIONS	Check No.
(b) (6)		Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	869.00					2) 0.00		
	1		0	0	0	0	0	0	0	0	0.00	0.00 0.00		52.56	73.00	36.00	12.29	3) 94.01	267.86	612.14
(b) (6)			S	8.00	8.00	7.50	8.00	8.00	0	0	39.50	22.00 0.00	880.00							993190
Other Deduction Detail: Other: 94.	01	1											<u> </u>						1	

Date May 10th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title) do hereby state:	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization—; that during the payroll period commencing on the Phase 4 (Building or Work) 30th day of April , 2018 , and ending the 6th day of May , 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #136
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE: Cinned Floaterically
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	(b) (6) Payroll Supervisor Signed Electronically THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OF CURO	ONTRACTOR	Word DO	4.40	000	/h /	0\				- 1	4DDDE00	2222	al 10/a a la :-a ast a	- DI						
	ONTRACTOR	₹ ✓ Wage DC ² Det:	140	002	(IVI	oa. 3)				'	ADDRESS		d Washingto . MD 20601	n Road						
Atlantic Refinishing & Restoration,	Inc.	Dot.										vvaldori	, IVID 2000 I							
PAYROLL NO.		FOR WEEK EN	DIN	3								AND LOCAT					PROJEC	T OR CONTI	RACT NO.	
135.0		04/29/2018									Herbert ⊢ Vashingt		ilding Moder	nization- l	Phase 4		G14.16	64/GS11P	06MKC0030)
(1)	(2)	(3)	-			(4) DAY	' AND	DAT	E		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Ta		(9)
	SNS SNS		orD	MON	TUE	E WED	THU	FRI	SAT	SUN				DE	DUCTIONS			3) Other De		NET
NAME, ADDRESS, AND	FISH	WORK	ST, OT	23	24	1 25	26	27	28	29			GROSS		l with- l		I	I		WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	S		HOUI	RS WOF	RKED	EACI	H DA	Y	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK Check No.
(b) (6)		Tile Setter	D			0 0	0	I I	0		0.00	0.00 0.00	1		1700			1) 0.00		
	4		0	0	(0 0	0	0	0	0	0.00	0.00 0.00	/	83.33	76.00	95.24	19.49	2) 0.00		962.42
(5) (6)			s	8.00	8.00	0 0	8.00	8.00	0	0	32.00	35.50 0.00	1344.00					3) 107.52		992933
Other Deduction Detail: Other: 107	 7 52												/							100000
(b) (6) Other Deduction Detail: Other: 107	4	Laborer: Common/General	O S		(0 0 0 0 0 8.00	0 0	0 0	0 0	0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 26.00 0.00	1 / 1	83.33	76.00	95.24	19.49	1) 0.00 2) 0.00 3) 107.52) 204.50	962.42 992933
Other Deduction Detail: Other: 107	7.52																			
(b) (6)		Point/Caulk/Clean	D	0		0 0	О	О	0	0	0.00	0.00 0.00	1080.00					1) 0.00	1	
	0		0	0	(0 0	0	0	0	0	0.00	0.00 0.00	/	53.51	85.00	38.00	12.51	2) 0.00 3) 270.99	400 04	619.99
(b) (6)			s	8.00	8.00	0 8.00	8.00	8.00	0	0	40.00	27.00 0.00	1080.00					3) 270.93	1	992960
Other Deduction Detail: Other: 270).99	1											,		1					1
40.70	1	h	1_		ı	1 1						I	1 1				I	Lo. 0.00	N.I.	ı
(b) (6)		Terrazzo Finisher	D			0 0	0	\vdash	0		0.00		1760.00					1) 0.00		
	6		0			0 0		10.00	0	0	10.00	48.00 0.00	/	109.12	103.00	106.80	25.52	3) 140.80	105 01	1274.76
(b) (6)			S	10.00	10.00	0 10.00 1	0.00	0	0	0	40.00	32.00 0.00	1760.00							992983
Other Deduction Detail: Other: 140	1 8N																			

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	NTRACTO	R ✓ Wage DC	140	002	(1) 1	od 3)					ADDRESS	2320 01/	d Washingto	n Poad							
Atlantic Refinishing & Restoration, In		Det:	Det:								ADDICEGO		, MD 20601	ITROAG							
PAYROLL NO.		FOR WEEK EN	DING	3							PROJECT	AND LOCAT	ION				PROJEC	T OR CON	TRACT N	NO.	
135.0		04/29/2018									Herbert H Washingt		ilding Moder	nization- I	Phase 4		G14.16	64/GS11	P06MK	C0030	
(1)	(2)	(3)	F			(4) DA	Y ANI	D DAT	Έ		(5)	(6)	(7)	5.5	(8)	* Other	Deductions	- 1) Local ²			(9)
	LDING		OT or [E WED								DE	DUCTIONS			,	Deduction	าร	NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	23		RS WO	26			29	TOTAL	RATE	GROSS AMOUNT	FICA	WITH- HOLDING	SWH	Medicare	OTHER		TOTAL	PAID FOR WEEK Check No.
(b) (6)	ZSW	Tile Setter	D		1001	1 1	0	I I	л D <i>F</i> 0	1	HOURS 0.00	OF PAY	EARNED	FICA	TAX	SWH	iviedicare	+	.00	UCTIONS	CHECK NO.
(b) (6)	3	The Setter	0	0	(1	0	\vdash	0		0.00	0.00 0.00		69.17	65.00	66.98	16.18	2) 0	.00	299.74	848.26
(b) (6)			s	0	(0 0	4.00	4.00	0	0	8.00	35.50 0.00	/	03.17	00.00	00.50	10.10	3) 82	41 '	200.14	993001
Other Deduction Detail: Other: 82.4	1	1											У — — — і								
(b) (6)	3	Laborer: Common/General	0 S	0 8.00	8.00	0 0 0	0 0 4.00	0 4.00	0	0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 27.00 0.00		69.17	65.00	66.98	16.18	1 '	.00 .00 .41	299.74	848.26 993001
Other Deduction Detail: Other: 82.4	1																				
(1.) (0)	ı	N -t	l.	l .I	ı .	.1 .1		I .I		I .I		I	1		1 1	ı	I	las o	.00	ı	I
(b) (6)	0	Laborer: Common/General	0	0	(0 0	0	0	0	0	0.00	0.00 0.00		52.55	93.00	42.22	12.29	1 '	.00	232.47	647.53
(b) (6)			S	8.00	8.00	0 8.00	8.00	8.00	0	0	40.00	22.00 0.00	880.00								993013
Other Deduction Detail: Other: 32.4	1																				
(b) (6)	4	Marble: Stone Mason	0		(1	0	\vdash	0		0.00	0.00 0.00		87.63	89.00	84.11	20.49	2) 0	.00	351.90	1061.41
(b) (6)			s		3.00			8.00	0		11.00	48.71 0.00	/	07.03	03.00	04.11	20.49	3) 70	67	001.00	993014
Other Deduction Detail: Other: 70.6	7																				

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT			ADDRESS		d Washingto	n Road														
Atlantic Refinishing & Restoration, Inc		Det:									Waldorf	, MD 20601								
PAYROLL NO.		FOR WEEK EN	IDIN	G					١,	PROJECT	AND LOCAT	ION	nization I	Dhoop 4		PROJEC	CT OR C	ONTR	ACT NO.	
135.0		04/29/2018								Mashingt		iilding Moder	nization- i	Priase 4		G14.10	64/GS	11P0	6MKC0030	ı
(1)	(2)	(3)	10		(-	4) DAY A	ND E	DATE		(5)	(6)	(7)		(8)	* Other	Deductions		al Tax		(9)
	DING		OT or [WED TH							DE	DUCTIONS			,		uctions	NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	23	24		6 2		8 29	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK/
OF EMPLOYEE	N S S M		-	1	IOUR	S WORK	- i	-		HOURS		EARNED	FICA	TAX	SWH	Medicare	OTH		DEDUCTIONS	Check No.
(b) (6)	١.	Tile Setter	D		0		0	_	0 0	0.00	0.00 0.00						1)	0.00		
	4		0		0		0		0 0	0.00	0.00 0.00	1 / 1	87.63	89.00	84.11	20.49	3)	70.67	351.90	1061.41
(b) (6)			S	0	4.00	5.00 4.0	00	0	0 0	13.00	35.50 0.00	1413.31								993014
Other Deduction Detail: Other: 70.67	4	Common/General	o s	1.50	0	3.00 4.0	0		0 0	0.00 8.50	0.00 0.00 26.00 0.00	1/ 1	87.63	89.00	84.11	20.49	3)	0.00 70.67	351.90	1061.41 993014
(b) (6)	5	Marble: Stone Mason	0		0		0 0	_	0 0	0.00	0.00 0.00	1 / 1	105.10	111.00	100.51	24.58	1 '	0.00 0.00 84.76	425.95	1269.18
(b) (6)			s	0	3.00	0	0	0	0 0	3.00	48.71 0.00	1695.13					3)	04.76		993015
Other Deduction Detail: Other: 84.76	-	1									1	<i>Y</i>		l		l	1			1
(b) (6)	5	Tile Setter	D 0 S	0	0 0 4.00	0	0 0	0	0 0 0 0 0 0		0.00 0.00 0.00 0.00 35.50 0.00		105.10	111.00	100.51	24.58	1) 2) 3)	0.00 0.00 84.76	425.95	1269.18 993015
Other Deduction Detail: Other: 84 76																				

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTO		Vage DC1	140	0002	(Mod	d. 3)					ADDRESS		d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.	: .		Det:										Waldorf	, MD 20601								
PAYROLL NO.		FC	OR WEEK ENI	DIN	G								AND LOCAT			<u> </u>		PROJEC	T OF	R CONTR	ACT NO.	
135.0		04	4/29/2018									⊣erbert ⊦ Nashingt		ıilding Moder	nization- I	hase 4		G14.16	34/G	S11P0	6MKC0030	
(1)	(2)	1	(3)	Ŀ		(4	4) DA`	Y AND	DAT	E		(5)	(6)	(7)		(8)	* Othe	r Deductions		_ocal Tax _ocal Tax :		(9)
	DING			OT or D	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS			,	Other Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	W CLASS	ORK SIFICATION	ST, O	23	24	25	26	27	28	29	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING			Τ		TOTAL	PAID FOR WEEK
OF EMPLOYEE	SEX					HOURS	s wo	RKED	EAC	H DAY	Y	HOURS		EARNED	FICA	TAX	SWH	Medicare	0	THER*	DEDUCTIONS	Check No.
(b) (6)		Laborer: Common/G	onoral	D	0	0	0	0	o	0	0	0.00	0.00 0.00	45.00				[1)	0.00		
	5	Common/G	enerai	0	0	0	0	0	0	0	0	0.00	0.00 0.00		105.10	111.00	100.51	24.58	3)	0.00 84.76	425.95	1269.18
(b) (6)				S	1.50	0	0	0	0	0	0	1.50	30.00 0.00	1695.13								993015
Other Deduction Detail: Other: 84.76																						
(b) (6)	ı	Point/Caulk	:/Clean	Ь	Ιο	اه ا	ol	ا ه	ol	اه	ol	0.00	0.00 0.00	880.00		I	I	I	1)	0.00	I	I
(3) (0)	1			0		0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	52.55	73.00	36.00	12.29	2)	0.00 94.01	267.85	612.15
(b) (6)				s	8.00	8.00	8.00	8.00	8.00	0	0	40.00	22.00 0.00	880.00					3)	94.01		993042
Other Deduction Detail: Other: 94.01																						

Date May 10th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title) do hereby state:	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization- Phase 4 (Building or Work) 23rd day of April , 2018 , and ending the 29th day of April , 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Other	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #135
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE: Signed Electronically
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as	(b) (6) Payroll Supervisor Signed Electronically THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
noted in section 4(c) below.	31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT			ADDRESS	2320 OI	d Washingto	n Road													
Atlantic Refinishing & Restoration, Inc		Det:									Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK EN	IDIN	3						PROJECT.	AND LOCAT	ION				PROJEC	CT OR CONTE	RACT NO.	
134.2		04/22/2018								Herbert H Nashingt		ıilding Moder	nization- l	Phase 4		G14.10	64/GS11P	06MKC0030)
(1)	(2)	(3)			(4)	DAY A	ND DA	TE		(5)	(6)	(7)		(8)	* Othe	r Deductions	- 1) Local Tax		(9)
	NO. OF WITHHOLDING EXEMPTIONS		OT or DT	MON	TUE	VED TH	U FRI	SAT	SUN				DE	DUCTIONS			 Local Tax Other De 		NET WAGES
NAME, ADDRESS, AND Identification Number	M A A A E A	WORK CLASSIFICATION	ST, O	16	17	18 19	20	21	22			GROSS		WITH-			I	T	PAID FOR WEEK
OF EMPLOYEE	S M M	CLASSIFICATION		Н	IOURS	WORKE	D EAG	CH DA	λΥ	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
(b) (6)		Tile Setter	D	0	0	0	0 0	0	0	0.00	0.00 0.00	1384.50)			1) 0.00	1	
	4		0	0	0	0	0 0	0	0	0.00	0.00 0.00		87.45	83.00	100.11	20.45	2) 0.00 3) 112.8 ²	400.05	1006.65
(b) (6)			s	7.00	8.00	8.00 8.0	0 8.00	0	0	39.00	35.50 0.00	1410.50					,		DD1002
Other Deduction Detail: Other: 112.84		•	_																
Other Deduction Detail: Other: 260.19	0	Common/General	0 S	\vdash	0 8.00		0 0	0 0		0.00 0.00 16.00	0.00 0.00 0.00 0.00 27.00 0.00		40.12	60.00	26.00	9.38	2) 0.00	205.00	468.31 DD1026
Other Deduction Detail: Other: 260.19																			
	1										ı	. 4		1	1	1	L.,	. I	1
(b) (6)		Terrazzo Finisher	D		0	0	0 0	0	0	0.00	0.00 0.00	1760.00					1) 0.00	1	
	6		0		0		0 10.00	0	0	10.00	48.00 0.00	1 / 1	109.12	103.00	106.80	25.52	3) 140.80	40504	1274.76
(b) (6)			S	10.00	10.00	0.00 10.0	0 0	0	0	40.00	32.00 0.00	1760.00							DD1047
Other Deduction Detail: Other: 140.80																			
(b) (6)		Laborer:	D	0	0	0	0 0	0	0	0.00	0.00 0.00	1053.00					1) 0.00	1	
	3	Common/General	0	0	0	0	0 0	0	0	0.00	0.00 0.00] /	85.04	96.00	87.33	19.89	2) 0.00 3) 82.41		1033.33
(b) (6)			s	7.00	8.00	8.00 8.0	0 8.00	0	0	39.00	27.00 0.00	1404.00					0, 02.41		DD1061
Other Deduction Detail: Other: 82.41		1						-				,							

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

AME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3)											ADDRESS		d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.		Det:										Waldorf,	MD 20601								
PAYROLL NO.		FOR WEEK EN	DING	3						P	PROJECT A	AND LOCAT	ION				PROJEC	T OR	CONTRA	ACT NO.	
134.2		04/22/2018									lerbert H Vashingt		ilding Moder	nization- F	Phase 4		G14.16	64/G	S11P0	6MKC0030	ı
(1)	(2)	(3)	ΤO		(4	I) DAY	/ AND	DATI	E		(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	WITHHOLDING EXEMPTIONS		5	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS			,	ther Ded		NET WAGES
NAME, ADDRESS, AND	1 1 1 1 1 1 1	WORK	ST, OT	16	17	18	19	20	21	22			GROSS		WITH-			1			PAID
Identification Number OF EMPLOYEE	EXE S	CLASSIFICATION	0,	Н	IOURS	S WOF	RKED	EAC	H DAY		TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	0	THER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)	L	_aborer:	D	0	0	0	0	0	0	0	0.00	0.00 0.00	858.00					1)	0.00		
	0	Common/General	0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	52.55	93.00	42.22	12.29	2)	0.00 32.41	232.47	647.53
(b) (6)			s	7.00	8.00	8.00	8.00	8.00	0	0	39.00	22.00 0.00	880.00					3)	52.41		DD1070
Other Deduction Detail: Other: 32.41																					
Other Deduction Detail: Other: 59.96	4	Γile Setter	D O S	7.00	0 2.50	0	0 8.00	0 8.00	0	0 0	0.00 0.00 25.50	0.00 0.00 0.00 0.00 35.50 0.00		74.34	64.00	67.94	17.39	2)	0.00 59.96	283.63	915.53 DD1071
Other Deduction Detail. Other: 59.96																					
(b) (6)	ľ	Marble: Stone Mason	D	0	0	0	0	0	0	О	0.00	0.00 0.00	267.90					1)	0.00		
	4		0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	74.34	64.00	67.94	17.39	2)	0.00 59.96	283.63	915.53
(b) (6)			s	0	5.50	0	0	0	0	0	5.50	48.71 0.00	1199.16					3)	55.50		DD1071
Other Deduction Detail: Other: 59.96													'								
	H	Fil- 0-4	اما	l .I	.1	.1	. 1	I .I	.1	ı.i		I	1		1 1	ı ı	I	Las	0.00	l	I
(D) (b)		Γile Setter	D	0	0	0	0		0	0	0.00	0.00 0.00	/					1)	0.00		
	5		0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	94.11	91.00	87.12	22.01	3)	75.89	370.13	1147.70
(b) (6)			S	5.00	0	0	0	0	0	0	5.00	35.50 0.00	1517.83								DD1072

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

AME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3)										AD	DRESS		d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:										Waldorf,	MD 20601							
PAYROLL NO.		FOR WEEK EN	DING	G								ND LOCATI					PROJEC	T OR CONTR	ACT NO.	
134.2		04/22/2018									rbert H ashingto		ilding Moder	nization- F	Phase 4		G14.16	64/GS11P0	6MKC0030)
(1)	(2)	(3)	F		((4) DAY	AND	DATE			(5)	(6)	(7)	25	(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	ONS			MON	TUE	WED 1								DEI	DUCTIONS			3) Other Dec		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	16	17	18	19	20	21 2		TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK
OF EMPLOYEE	<u>8≧≅</u>		-	Н	IOUR	RS WOR	KED	EACH	DAY		HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHER*	DEDUCTIONS	
(b) (6)		Marble: Stone Mason	D		0	0	0	0	0	0	0.00	0.00 0.00	365.32					1) 0.00		
	5		0		0	0	0	0	0	0	0.00	0.00 0.00		94.11	91.00	87.12	22.01	3) 75.89	370.13	1147.70
(b) (6)			S	2.00	5.50	0	0	0	0	0	7.50	48.71 0.00	1517.83							DD1072
Other Deduction Detail: Other: 75.89	5	Laborer: Common/General	D 0 S	\vdash	0 2.50	0 8.00 8	0 0 8.00	8.00	0 0	0 0	0.00 0.00 26.50	0.00 0.00 0.00 0.00 30.00 0.00		94.11	91.00	87.12	22.01	1) 0.00 2) 0.00 3) 75.89	070.40	1147.70 DD1072
(b) (6)	1	Point/Caulk/Clean	D 0 S	0	0 0 8.00	0 0 8.00 8	0 0 8.00	0 0 8.00	0 0	0 0	0.00 0.00 39.00	0.00 0.00 0.00 0.00 22.00 0.00	858.00 880.00	52.55	73.00	36.00	12.29	1) 0.00 2) 0.00 3) 94.01	267.85	612.15 DD1098
Other Deduction Detail: Other: 94.01																				
(b) (6)	1	Point/Caulk/Clean	D 0		0	0	0 0	0	0 0	0	0.00 0.00 7.00	0.00 0.00 0.00 0.00 22.00 0.00	154.00	0.00	0.00	0.00	0.00	1) 0.00 2) 0.00 3) 122.58	400.50	53.42 DD1102

Date May 4th, 2018	# NAME OF THE PROPERTY AND THE PARTY.	
	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	
I, (b) (6) Payroll Supervisor (Title)	 Each laborer or mechanic listed in the above referenced payroll has been indicated on the payroll, an amount not less than the sum of the applicabl 	e basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed	in the
(1) That I pay or supervise the payment of the persons employed by	contract, except as noted in Section 4(c) below. (c) EXCEPTIONS	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(a) EXCENTIONS	
Herbert Hoover Building Modernization- ; that during the payroll period commencing on the Phase 4 (Building or Work)		
16th day of April , 2018 , and ending the 22nd day of April , 2018		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said		
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:		
FICA, FWH, Medicare, State Tax, Advance, Other		
	REMARKS	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Revised Pay #134.2-Jose Reyes did not have any taxes deducted from his check.	roll
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.		
(4) That:		
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:	
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically	
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACT SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF THE UNITED STATES CODE.	

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.										ADDRESS		d Washingto , MD 20601	n Road						
PAYROLL NO. 133.0		FOR WEEK END 04/15/2018	DING	3								ION ilding Moder	nization- I	Phase 4			T OR CONTR	ACT NO. 06MKC0030)
(1)	(2) SNOI IONS	(3)	OT or DT		TUE	4) DAY A	HU	FRI S	AT SUI	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, (10 OUR	11 1			14 15 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6) (b) (6)	4	ile Setter	D O S	0 8.00	0 8.00	0 8.00 2.	0 0.00	0 0 8.00	0 (0.00 0.00 0.00 34.00	0.00 0.00 0.00 0.00 25.78 9.72		84.51	78.00	96.63	19.76	1) 0.00 2) 0.00 3) 109.04	207.04	975.06 992809
Other Deduction Detail: Simple IRA: 109	04			I						1									
(b) (6) Other Deduction Detail: Simple IRA: 109	4 C	aborer: ommon/General	D O S	0 0	0 0	0 0 0 6.	0 0.00	0 0	0 0	0.00	0.00 0.00 0.00 0.00 26.00 0.00		84.51	78.00	96.63	19.76	1) 0.00 2) 0.00 3) 109.04	207.04	975.06 992809
(b) (6)	0	ile Setter	D O S	0 8.00	0 0 8.00	0 0 8.00 8.	0 0 8	0 0 8.00	0 0	-	0.00 0.00 0.00 0.00 25.78 9.72		74.58	155.00	57.00	17.45	1) 0.00 2) 0.00 3) 287.99	500.00	827.98 992834
Other Deduction Detail: Simple IRA: 71.0	0, Heal	Ith & Dental Insurance:	210	6.99				•	•										
(b) (6) Other Deduction Detail: Simple IRA: 145	3	errazzo Finisher	D O S	0 0 7.00 1	0 0 10.00	0 0 10.00 10.	0 10	0.00	0 0	0.00 10.00 37.00	0.00 0.00 48.00 0.00 32.00 0.00	/	113.09	110.00	111.31	26.44	1) 0.00 2) 0.00 3) 145.92	F06.76	1317.24 992855

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	PACTOR	R ✓ Wage DC	1.40	0002	(1/10)	٩ 3/				ΙΔΙ	DDRESS	2320 01/	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Det:	140	1002	(IVIO	u. 5)				"	DDINEGO		MD 20601	iritoau						
PAYROLL NO. 133.0		FOR WEEK EN 04/15/2018		G						He			ION ilding Moder	nization- F	Phase 4			OT OR CONTE	RACT NO. 06MKC0030)
(1)	(2) SNOI SNOI	(3)	OT or DT		TUE	4) DAY A	HU	FRI S	AT SI	UN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other De	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, 0			11 1 S WORK		13 1 EACH		15	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	3	Tile Setter	D 0 S	0	0 8.00	0 0 8.0	0 0	0	0 0	0 0	0.00 0.00 22.00	0.00 0.00 0.00 0.00 25.78 9.72		76.54	79.00	76.44	17.90	1) 0.00 2) 0.00 3) 132.41	202.20	884.71 992868
Other Deduction Detail: Health & Denta	l Il Insura	l ance: 32.41, Advance: 5									22.00		.207.00							002000
(b) (6) Other Deduction Detail: Health & Denta	3 Il Insura	Laborer: Common/General ance: 32.41, Advance: 8	D O S	0	0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 8.00		0 0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 27.00 0.00		76.54	79.00	76.44	17.90	1) 0.00 2) 0.00 3) 132.41	200.00	884.71 992868
(b) (6) (b) (6)	0	Laborer: Common/General	D 0 S	0	0 0 8.00		0 00 8	0 0 8.00	_	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 22.00 0.00	/	52.56	93.00	42.22	12.29	1) 0.00 2) 0.00 3) 32.41	222.40	647.52 992877
Other Deduction Detail: Health & Denta																				
(b) (6) Other Deduction Detail: Simple IRA: 71	4	Tile Setter	D O S	0	0 8.00		0 0 8	0 8.00		0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 25.78 9.72	/	88.04	90.00	84.62	20.59	1) 0.00 2) 0.00 3) 71.00	254.25	1065.75 992878

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

<u>—</u>	AME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.												d Washingto , MD 20601	n Road						
PAYROLL NO. 133.0		FOR WEEK EN 04/15/2018		3						H			ION ilding Moder	nization- I	Phase 4				TRACT NO. P06MKC00	30
(1)	(2) SNOL	(3)	OT or DT		TUE	4) DAY	THU	FRI	SAT	SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Local		(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,	9	10	11 S WOF		13 EACH			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	* TOTAL DEDUCTION	PAID FOR WEEK Check No.
(b) (6)	5	Marble: Stone Mason	D 0 S	0	0 0 2.00	0 0 2.00	0 0	0 8.00	0 0	0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 33.58 15.13		116.78	133.00	114.74	27.31	1) 0. 2) 0. 3) 94.	1 4000	1 1397.60 992879
Other Deduction Detail: Simple IRA: 9	94.18	1											, , , , , , , , , , , , , , , , , , ,							
(b) (6) Other Deduction Detail: Simple IRA: 9	5	Tile Setter	D 0 8	0 0 3.50	0 0 6.00	0 0 6.00	0 0 8.00	0 0	0 0	0 0	0.00 0.00 23.50	0.00 0.00 0.00 0.00 25.78 9.72		116.78	133.00	114.74	27.31	1) 0. 2) 0. 3) 94.		1 1397.60 992879
(b) (6)	1	Point/Caulk/Clean	D 0 S	0	0 0 8.00	0 0 8.00	0 0 8.00	0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 22.00 0.00	1 / 1	52.55	73.00	36.00	12.29	1) 0. 2) 0. 3) 94.	0070	612.15 992905
Other Deduction Detail: Health & Den	tal Insura	ance: 32.41, Simple IRA	\: 61	.60								•	,		•	•				
(b) (6)	1	Point/Caulk/Clean	D 0 8		0	0	0	0	0	0	0.00	0.00 0.00		57.47	57.00	39.00	13.44	1) 0. 2) 0. 3) 308.	175 4	
Other Deduction Detail: Health & Den	tal Insur	ance: 216.99. Simple IR			8.00	8.00	8.00	U	0	U	24.00	22.00 0.00	1144.00							992909

Date April 20th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title) do hereby state:	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor) Herbert Hoover Building Modernization ; that during the payroll period commencing on the	(c) EXCEPTIONS
Phase 4 (Building or Work) 9th day of April , 2018 , and ending the 15th day of April , 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly	
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #133
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR		ADDRESS		d Washingto	n Road														
Atlantic Refinishing & Restoration, Inc.		Det:									waluun	, IVID 2000 I							
PAYROLL NO. 132.0		FOR WEEK ENI 04/08/2018	DINC	3								TION uilding Moder	nization- I	Phase 4			T OR CONTE	RACT NO. 06MKC0030)
(1)	(2) SNOL	(3)	OT or DT		TUE		HU F	FRI S	AT SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other De	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,	2 H	3 OURS	4 S WORI			7 8 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	4	Tile Setter	О S	0	0	0 8.00 8	0 0 8.00 8	0	0 0	0.00	0.00 0.00 0.00 0.00 25.78 9.72		78.61	68.00	89.68	18.39	1) 0.00 2) 0.00 3) 101.44	050.40	911.88
Other Deduction Detail: Simple IRA: 101			٦	۷	١	8.00	.00 8	5.00	ا ا	24.00	25.78 9.72	1200.00							992001
Other Deduction Detail: Simple IRA: 101	4	Laborer: Common/General	D O S	0 0 8.00	0 8.00	0 0	0 0 0	0 0 0	0 0		0.00 0.00 0.00 0.00 26.00 0.00		78.61	68.00	89.68	18.39	1) 0.00 2) 0.00 3) 101.44	256.42	911.88 992681
(b) (6)	0	Tile Setter	О О S	0 8.00	0 8.00	0 0 8.00 8	0 0 8	0 0 3.00	0 0	0.00	0.00 0.00 0.00 0.00 25.78 9.72		74.59	155.00	57.00	17.44	1) 0.00 2) 0.00 3) 287.99	500.00	827.98 992708
Other Deduction Detail: Health & Dental	Insura	nnce: 216.99, Simple IRA	A: 7	1.00		•													
(b) (6) Other Deduction Detail: Simple IPA: 177	3	Laborer: Common/General	О S	0 0 10.00 1	0 0 10.00 1	0 0 10.00 10	0 10	0 0.00 9	0 0		0.00 0.00 48.00 0.00 32.00 0.00	1/ 1	135.90	151.00	137.21	31.79	1) 0.00 2) 0.00 3) 175.36	624.26	1560.74 992728

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ✓ Wage DC140002 (Mod. 3)										П	ADDRESS	2320 OI	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.										Waldorf, MD 20601										
PAYROLL NO.		FOR WEEK ENDING										AND LOCAT		PROJEC	PROJECT OR CONTRACT NO.					
132.0		04/08/2018	04/08/2018							Herbert Hoover Building Modernization- Phase 4 Washington, DC						G14.164/GS11P06MKC0030)	
(1)	(2)	(3)	TO		(4) DAY	AND	DATE	E		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Ta 2) Local Ta		(9)
	SNS			MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS			3) Other De		NET
NAME, ADDRESS, AND	HOL	WORK CLASSIFICATION	ST, OT	2	3	4	5	6	7	8			GROSS		WITH-	I	l	I	WAGES PAID	
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS		ľ	δ <u> </u>		WOF	WORKED EACH DAY		Υ	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare OTHER* DEDUC			FOR WEEK/ Check No.	
(b) (6)		Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1					1) 0.00		
	0	0		0	0	0	0	0	0	0	0.00	0.00 0.00		62.77	118.00	73.46	14.68	2) 0.0	318.91	693.59
(b) (6)				8.00	0	0	0	0	0	0	8.00	25.00 0.00	-					3) 50.0)	992732
Other Deduction Detail: Simple IRA: 50	.00	I											<i>y</i> 1							100=:0=
(b) (6) Other Deduction Detail: Health & Denta	3 al Insura	Marble: Stone Mason ance: 32.41, Advance: 5	D S 50.0	0	o o o		0 0 8.00 0.00	0 0	0 0	0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 33.58 15.13		92.59	110.00	97.01	21.65	1) 0.00 2) 0.00 3) 132.4	150.00	1072.02 992741
(b) (6)	3	Tile Setter	D 0 S	0	0 0 8.00	0 8.00	0 0	0 8.00	0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 25.78 9.72	↓ / I	92.59	110.00	97.01	21.65	1) 0.00 2) 0.00 3) 132.4	152.66	1072.02 992741
Other Deduction Detail: Health & Denta	al Insur	ance: 32.41, Advance: 5	50.0	0, Sin	nple II	RA: 5	0.00													
(b) (6)	0	Laborer: Common/General	D 0		0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	52.73	93.00	42.41	12.33	1) 0.00 2) 0.00 3) 32.4)	650.16
(b) (6)			s	8.00	8.00	7.00	8.00	8.00	0	0	39.00	22.00 0.00	883.04					3) 32.4	'	992749
Other Deduction Detail: Health & Denta	ıl İnsur	ance: 32 41										1	<i>y</i> 1		I			1	1	1

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Det:										ADDRESS 2320 Old Washington Road Waldorf, MD 20601										
Atlantic Refinishing & Restoration, Inc.	.	Dot.									vvaluori	, IVID 2000 I								
PAYROLL NO. FOR WEEK ENDING										AND LOCAT		PROJEC	PROJECT OR CONTRACT NO.							
132.0	32.0 04/08/2018							Herbert Hoover Building Modernization- Phase 4 Washington, DC							G14.164/GS11P06MKC0030					
(1)	(2)	(3)	70		(4) DAY AND DATE					(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local 2) Local		(9)	
	DING			5 MON TUE WED THU FRI SAT SUN		N			DE	DUCTIONS			3) Other Deductions			NET WAGES				
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	2	3				7 8	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK
OF EMPLOYEE	N S S W		+	1	IOURS	WORK	KED E	EACH I	DAY	HOURS	OF PAY	1	FICA	TAX	SWH	Medicare	OTHE	-	DEDUCTIONS	Check No.
(b) (6)		Marble: Stone Mason	D		0	0	0	0	0 (0.00	0.00 0.00	1 7 1					1 '	0.00		
	4		0	1 1	0	0	0	0	0 (0.00	0.00 0.00	↓ /	101.15	114.00	100.58	23.66	3) 8	1.57	420.96	1210.40
(b) (6)			S	0	4.00	4.00 4	.00 4	4.00	0 0	16.00	33.58 15.13	1631.36								992750
(b) (6) Other Deduction Detail: Simple IRA: 8	4 31.57	Tile Setter	D 0 8	\vdash	0 0 4.00	0 0 4.00 4.	0 0 .00 4	0 0 4.00	0 0	0.00	0.00 0.00 0.00 0.00 25.78 9.72		101.15	114.00	100.58	23.66	2) (3) 8	0.00 0.00 1.57	420.96	1210.40 992750
(b) (6)	5	Marble: Stone Mason	D 0 S		0 0	0 3.00 8	0 0 8	0 0 8.00	0 0	0.00	0.00 0.00 0.00 0.00 33.58 15.13		118.94	137.00	117.37	27.82	2) (0.00 0.00 3.75	524.88	1393.54 992751
Other Deduction Detail: Simple IRA: 9	5.92, Ac	lvance: 27.83				•		•				,		•	•		•			
(b) (6)	5	Tile Setter	0	0	0	0	0 0	0	0 0		0.00 0.00		118.94	137.00	117.37	27.82	2) (0.00 0.00 3.75	524.88	1393.54
(b) (6)			S	0	7.50	4.00	0	0	0 0	11.50	25.78 9.72	1918.42								992751
Other Deduction Detail: Simple IRA: 0	15 02 Ac	lyanca: 27 93																		

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR										ADDRESS 2320 Old Washington Road											
Atlantic Refinishing & Restoration, Inc.										Waldorf, MD 20601											
PAYROLL NO.		FOR WEEK ENDING								PROJECT AND LOCATION							PROJECT OR CONTRACT NO.				
132.0		04/08/2018	04/08/2018						Herbert Washing		uilding Mode	nization- I	Phase 4		G14.16	G14.164/GS11P06MKC0030					
(1)	(2)	(3)			(4	4) DAY A	AND	DATE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax		(9)		
	SNS			MON	TUE	WED TI	HU	FRI SA	AT SU	N			DE	DUCTIONS			 Local Tax Other De 		NET		
NAME, ADDRESS, AND	P J S J	WORK		2	3	4 !	5	6 7	7 8			GROSS		WITH-	ı	I	1	I	WAGES PAID		
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST,		OUR	LL S WORK	KED I	EACH [DAY	TOTAL HOURS	RATE OF PAY	AMOUNT	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.		
(b) (6)		Laborer:			0	0	0	- 1	0	0.00	0.00 0.0			1700			1) 0.00	+			
	2			1 1	0	0	0	0 8.0	00	0 8.00	31.50 0.0	-	67.71	99.00	68.14	15.83	2) 0.00	305.28	786.72		
(6) (6)	-		s		0	0	0	_	0	0.00	21.00 0.0	⊣ /	07.71	33.00	00.14	10.00	3) 54.60	500.20	992771		
Other Deduction Detail: Simple IRA: 5	14.00			1 4	٥	<u> </u>	٠	<u> </u>	٠	0.00	21.00 0.0	1092.00							992771		
(b) (6) Other Deduction Detail: Health & Den	1 tal Insur	Laborer: Common/General ance: 32.41, Simple IRA		0 8.00	0 8.00	0 0	0 0	0 8.	_	0 0.00 0 8.00 0 16.00	0.00 0.0 33.00 0.0 22.00 0.0	10	68.92	116.00	50.00	16.12	1) 0.00 2) 0.00 3) 112.49	202.52	780.47 992778		
(b) (6) (b) (6)	1	Point/Caulk/Clean	D 0 S	0	0 0	0 8.00 8.	0 0 .00.	0	_	0 0.00 0 0.00 0 24.00	0.00 0.0 0.00 0.0 22.00 0.0	10	68.92	116.00	50.00	16.12	1) 0.00 2) 0.00 3) 112.49	262.52	780.47 992778		
Other Deduction Detail: Health & Den	tal Insur	ance: 32.41, Simple IRA	4: 80	0.08																	
(b) (6)	1	Point/Caulk/Clean	0 8	0	0	0	0 0	0	0	0.00	0.00 0.0	10	41.11	29.00	25.00	9.62	1) 0.00 2) 0.00 3) 287.39	202.42	487.88		
Other Deduction Detail: Health & Den		040.00.0: : :5			0	0	0	o	0	0 8.00	22.00 0.0	880.00							992782		
Other Deduction Detail: Health & Deni	ıaı instir	ance 7 to 99 Simble IR	(A. /	(1) 4()																	

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑ Wage DC140002 (Mod. 3)										ADDRESS 2320 Old Washington Road											
Atlantic Refinishing & Restoration, Inc.											Waldorf, MD 20601										
PAYROLL NO. FOR WEEK ENDING									PROJECT AND LOCATION PROJECT OR CONTRACT NO.												
132.0 04/08/2018											Herbert Hoover Building Modernization- Phase 4 Washington, DC G14.164/GS11P06MKC0030)6MKC0030	1	
(1)	(2)	(3)		(4) DAY AND DATE								(5)	(6)	(7)		(8)	* Other	Deductions -	(9)		
	LDING			٦L		UE WE	_		_		N				DEDUCTIONS				Local Tax Other Dec		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	CLASSIFICATION			3 4	5 ORKE		7 CH D			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)		Point/Caulk/Clean	[5	0	0 0) (0 0	j	0 0	0	0.00	0.00 0.00	208.00					1) 0.00		
	1		0	5	0	0 () (0 0		0 (0	0.00	0.00 0.00		59.77	66.00	64.71	13.98	2) 0.00 3) 373.10	577.56	462.44
(b) (6)				S	8.00	0 () (0		0 0)	8.00	26.00 0.00	1040.00					,		992788
Other Deduction Detail: Health & De	ntal Insur	ance: 76.02, Child Su	ıpport	t: 24	45.08	, Child	Supp	ort F	ee: 2	2.00,	Simp	ple IRA:	50.00								
(b) (6)		Point/Caulk/Clean	<u> </u>))	0	0 0) (0 0		0 0	0	0.00	0.00 0.00	208.00	05.00	00.00	70.00	45.07	1) 0.00 2) 0.00)	750.70
(b) (6)					8.00	0 0) (-	1	0 0	0	0.00	0.00 0.00 26.00 0.00	1053.00	65.29	86.00	76.68	15.27	3) 50.00	293.24	759.76 992790
Other Deduction Detail: Simple IRA:	50.00																				

Date April 12th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title) do hereby state:	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	
Herbert Hoover Building Modernization- ; that during the payroll period commencing on the Phase 4 (Building or Work) 2nd day of April , 2018 , and ending the 8th day of April , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Advance, Child Support, Child Support Fee, Health & Dental Insurance, Simple IRA	
	DEMANG
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #132
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.